FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

DAVIE FL 33317

2240 SW 70TH AVENUE UNIT E



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K41581

(5)

2240 SW 70TH AVENUE UNIT E

Mailing Address

DAVIE FL 33317

PHOENIX AIR CONDITIONING, INC.

FILED May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/25/1988 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0080641 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year lotangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SILVER, SAMUEL M., ESQ. 5821 HOLLYWOOD BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 HOLLYWOOD FL 33021 84 City Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE DONOFRIO, SALVATORE NAME 1.2 NAME 2240 SW 70TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **DAVIE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE PST Change 2.1 TITLE DONOFRIO, SALVATORE NAME 2.2 NAME 2240 SW 70TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE VD Addition 31 TITLE LETENDRE, DONALD K. NAME 3.2 NAME 2240 SW 70TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

5AL DONOFRID 4-27-98 954-475-9901