

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90122 028 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # K41581
 1. Corporation Name
PHOENIX AIR CONDITIONING, INC.



| | |
|---|---|
| Principal Place of Business 2240 SW 70TH AVENUE UNIT E DAVIE-FL-33317 | Mailing Address 2240 SW 70TH AVENUE UNIT E DAVIE-FL-33317 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 3026 SW 4and St. | 2a. Mailing Address 26 3026 SW 4and St. |
| 22 Bay 4 | 27 Bay 4 |
| 23 Ft. Lauderdale, FL | 28 Ft. Lauderdale, FL |
| 24 33312 | 25 33312 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/25/1988 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 65-0080641 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

SILVER, SAMUEL M., ESQ.
5821 HOLLYWOOD BOULEVARD
SUITE 200
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

11.--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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | DONOFRIO, SALVATORE |
| STREET ADDRESS | 2240 SW 70TH AVENUE |
| CITY-ST-ZIP | DAVIE FL |
| TITLE | PST <input type="checkbox"/> DELETE |
| NAME | DONOFRIO, SALVATORE |
| STREET ADDRESS | 2240 SW 70TH AVENUE |
| CITY-ST-ZIP | DAVIE FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | LETENDRE, DONALD K. |
| STREET ADDRESS | 2240 SW 70TH AVENUE |
| CITY-ST-ZIP | DAVIE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 3026 SW 4and St, Bay 4 |
| 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33312 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 3026 SW 4and St, Bay 4 |
| 2.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33312 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 3026 SW 4and St, Bay 4 |
| 3.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33312 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby 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 supplemental 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, with all other like empowered.

SIGNATURE:  **4-27-99** **954-581-1927**
 Signature and Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)