## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of state DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name L98959

(4)

CITY AIR CONDITIONING & REFRIGERATION, INC.  Principal Place of Business Mailing Address							
19718 HAMPTON DR 19718 HAMPTON DI							
BOCA RATON	I FL 33434	BOCA RATON FL 3343	<b>34</b>		3. Date Incorporated or Qualified 09/06/1990	3a. Date of Last 1	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0217284	60.7	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apr. #, etc.		5. Certificate of Status Desired	d Sa.75 Additional Fee Required	
City & State	)	City & State			6. Election Campaign Financing	\$5.0	DO May Be
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		ed to Fees
Zip	F-1 F-3		Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
24	25 9. Name and Address of Cur		301		10. Name and Address of New R		
			8	11 Name	ackie McMill	~~	
1700 S E BOCA R	OSIO, GERALD J ESO DIXIE HWY #3-B ATON FL 33432 to the provisions of Sections 607.00	502 and 607,1508, Florida Statu	E too the above	Street Addings	ress (P.O. Box Number is Not Acceptable Hampton Driv	FL 85	Zip Code 33434 registered office
or register	ed agen, or both, in the State of F fn, and accept the obligations of S Signay or, typicd or prined name of registered a	lorida. Such change was authori. ection 607.0505, Florida Statute	zed by the co s.	rporation's boa	ard of directors. I hereby accept the app	4/24/95 bate	C agent. ram
12	<del></del>	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TiTLE	PTD	=		1. 1 TITLE Chan		☐ Change	Addition
NAME STREET ADDRESS	MCMILLAN, JOSEPH H 19718 HAMPTON DR			EET ADORESS			
CITY-S!-7P	BOCA RATON FL			'-ST-ZIP			
TITLE	VSD DELETE		2. 1 1111			☐ Change	Addition
NAME	MCMILLAN, JACKIE		2 2 NAM	16			
STREET ADDRESS	19718 HAMPTON DR		2 3 S1R	EET ADDRESS			
CITY - ST - ZIP	BOCA RATON FL			'-ST-ZIP		Chang:	Addition
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NAME		had become	6 2 NAM		<-1	,,	<del></del>
STREET ACORESS				EET ADDRESS	<sup>1</sup> 1	2	
CITY - ST - ZIP			6.4 CIT	(-ST-ZIP	J'		
14. I do hereb certify that	it the information indicated on this a I am an officer or director of the co n Block 12 or alock 3 if changed,	annual report or supplemental an progration or the receiver or trust	rnished and d nual report is see empowere	oes not qualify	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, F	e same legal effect a:	s if made under that my name

SIGNATURE: