

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000000930 (6)**

1. Corporation Name

QUALITY AIR CONDITIONING COMPANY, INC.

Principal Place of Business

**3006 SW 10TH ST.
POMPANO BEACH FL 33069**

Mailing Address

**3006 SW 10TH ST.
POMPANO BEACH FL 33069-4813**

3. Date Incorporated or Qualified
01/06/1993

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
65-0397374

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CARNICK, REGINALD C. I
623 FLAMINGO DR.
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
ROBERT J. MORAITIS, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable)
1310 SOUTHEAST THIRD AVENUE
83
84 City
FORT LAUDERDALE FL 85 Zip Code
33316

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

ROBERT J. MORAITIS, ESQUIRE 1/20/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VRASIL, WILLAM R	
STREET ADDRESS	198 PLANTATION ROAD	
CITY-ST-ZIP	ISLAMORADO FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	CARNICK, REGINALD C II	
STREET ADDRESS	623 FLAMINGO DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REGINALD C. CARNICK, II	
1.3 STREET ADDRESS	623 FLAMINGO DRIVE	
1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM R. VRASIL	
2.3 STREET ADDRESS	198 PLANTATION ROAD	
2.4 CITY-ST-ZIP	ISLAMORADA FL	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EDWARD L BARTLETT	
3.3 STREET ADDRESS	3000 SW 10 ST	
3.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REGINALD C. CARNICK, II	
4.3 STREET ADDRESS	623 FLAMINGO DRIVE	
4.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	REGINALD C. CARNICK, II	
5.3 STREET ADDRESS	623 FLAMINGO DRIVE	
5.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
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 do 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.

SIGNATURE: **Reginald C. Carnick, II** 1/20/97 954-971-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0154135

CR2E034 (9/96)