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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000008985 (1)**

1. Corporation Name
FRIENDLY AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
351 S.E. 1 AVE. S. POMPANO BEACH FL 33060-7101 US	351 SE 1 AVE. S POMPANO BEACH FL 33060 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 10142 WINDTREE LANE	26 10142 WINDTREE LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON FLA	City & State 28 BOCA RATON FLA
Zip 24 33428 Country 25 US	Zip 29 33428 Country 30 US

4. FEI Number: 65-0467688 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERMAN, PHILIP M 2424 N.E. 22 ST. POMPANO BEACH FL 33062	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPVS	☐ DELETE	1.1 TITLE	IPUS	☒ Change ☐ Addition
NAME	ALLARD, STEPHEN M		1.2 NAME	ALLARD, Stephen M	
STREET ADDRESS	351 SE 1 AVENUE, S		1.3 STREET ADDRESS	10142 WINDTREE LANE	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	BOCA RATON, FLA 33428	
TITLE	T	☐ DELETE	2.1 TITLE	T	☐ Change ☐ Addition
NAME	ALLARD, STEPHEN M		2.2 NAME	ALLARD Stephen M	
STREET ADDRESS	351 SE 1 AVEN, O		2.3 STREET ADDRESS	10142 WINDTREE LANE.	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	BOCA RATON, FLA 33428	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Stephen M Allard Stephen M ALLARD 4/23/98 305-862-3969 561-852-3540