

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

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Apr 02, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000046967

1. Corporation Name
LINDSTROM AIR CONDITIONING SERVICE, INC.

Principal Place of Business 6601 LYONS ROAD D-8 COCONUT CREEK FL 33073	Mailing Address 6601 LYONS ROAD D-8 COCONUT CREEK FL 33073
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1998	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0837502	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

LINDSTROM, CARL E
 6601 LYONS ROAD D-8
 COCONUT CREEK FL 33073

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT - D - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSTROM, CARL E	1.2 NAME	
STREET ADDRESS	6601 LYONS ROAD D-8	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D - V. PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	R PAUL O. RAYGOL
STREET ADDRESS		2.3 STREET ADDRESS	520 PINE HOLLOW LANE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D - V. PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DOUGLAS S. LINDSTROM
STREET ADDRESS		3.3 STREET ADDRESS	4514 N.W. 85TH AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D - SR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JEFFREY C. LINDSTROM
STREET ADDRESS		4.3 STREET ADDRESS	9170 N.W. 42ND ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Carl E. Lindstrom (CARL E. LINDSTROM) 3/31/99 954-420-5300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)