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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90215 024 ***150.00

DOCLIMENT #	P980000841	ე <u>ე</u>
DOCCIVILIA #	P90000004 I	22

1. Corporation Name

CLIMATRON II, INC.									
Principal Place of Business	Mailing Address		_			f imalifing him imige imige ander mater notes ont		11910 (1910)(B) 3001	
418 NORTH SEGRAVE STREET DAYTONA BEACH FL 32114 418 NORTH SEGRAVE STREE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114									
						DO NOT WRITE IN TH Date Incorporated or Qualified	IS SPACE	<u> </u>	
					-	09/30/1998			
2. Principal Place of Business	2a. Mailing Address				4. F	El Number		Applied For	
21	26					59-3534042		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	├ ──			5. Certificate of Status Desired See Required				
City & State	City & State	City & State				Election Campaign Financing	\$5.00 May Be Added to Fees		
Zip Country		untry				This corporation owes the current year Personal Property Tax.	ntangible Yes	□No	
	s of Current Registered Agent	Τ΄.	_		10. I	Name and Address of New Registere	d Agent		
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		81 82 83		Name Street Address	treet Address (P.O. Box Number is Not Acceptable)				

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.

City

ayent. i a	in fairmar with, and accept the obligations of,	2000011 001 :0000; 1 101	iod Otololoo.		
SIGNATURE	Singular hand or printed name of countered agent and talled	applicable /NOTE	Registered Agent signature require	d when reinstating) DATE	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
12.	P DELETE		1,1 TITLE	Change	Addition
	'		1		
NAME:	HILL, GEORGE SR.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		1.4 CITY-ST-ZIP		T A delic
TITLE) V	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	HILL, LINDA		2.2 NAME		
STREET ADDRESS	418 NORTH SEGRAVE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		2, 4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change	Addition
NAME	HILL, GEORGE JR.		32 NAME		
STREET ADDRESS	ALC ALCOHAL OCCUPANTE OTRECT		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		I 3.4. CITY-ST-ZIP		
TITLE	0/11/0/1/ 02/0//	☐ DELETE	4.1 TITLE	Change	Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		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	<u> </u>		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	·	
CITY-ST-7IP			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 suppliemental 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 officer or director of the Block 12 or Block 13 (f e corporation ke empowered.

SIGNATURE:

904-257-5758

CR2E034 (11/98)

85 Zip Code

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