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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT** # 1. Corporation Name P97000041945 (1)

**EUBANK AIR CONDITIONING INC.** 

FILED

Apr 23 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 3 POLO CIRCLE 3 POLO CIRCLE **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Ζıp Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EUBANK, TIMOTHY D 3 POLO CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 84 City 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. se, typed or praited name of registrood a just and little if applicable (NOTE Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change \_\_\_ Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - 7IP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SI-ZIP 2. 4 CITY-ST-ZIP Change TITLE 31 TITLE Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. City-St-ZiP TITLE DELLIE 4.1 TITLE \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIP 4.4 CITY-ST-ZIP DELETE TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS City-St-2iP 5 4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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:

4/2/98