

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **285285** (3)

1. Corporation Name
LOXAHATCHEE AIR CONDITIONING COMPANY

Principal Place of Business Meeting Address
**371C CYPRESS DR
TEQUESTA FL 33469
US**



21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Meeting Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 09/22/1964	3a. Date of Last Report 04/20/1995
4. FEI Number 59-1449292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LALONDE, GARY F.
1321 165TH RD
JUPITER FL 33478**

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

11. Pursuant to the provisions of Sections 07.0102 and 07.1508, Florida Statutes, the above named Corporation's agents this statement for the purpose of changing its registered office for the year ending on the date of filing, and accept the obligations of Section 07.050, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LALONDE, GARY F.		2. NAME		
STREET ADDRESS	1321 165TH RD		3. STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		4. CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LALONDE, LINDA L.		6. NAME		
STREET ADDRESS	1321 165TH RD		7. STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		8. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			10. NAME		
STREET ADDRESS			11. STREET ADDRESS		
CITY-ST-ZIP			12. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			14. NAME		
STREET ADDRESS			15. STREET ADDRESS		
CITY-ST-ZIP			16. CITY-ST-ZIP		

14. I do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(k), Florida Statutes. I further certify that the information reported with this filing 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 and that I have not been employed to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the Agent, or on any other report with provided.

SIGNATURE: *Gary F. Lalonde* 3/27/96 (407) 746-7975

CR2E034 (12/95)