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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 285285 (3)

FILED Apr 15 1997 8:00am Secretary of State

1. Corporation Name LOXAHATCHEE AIR CONDITIONING COMPANY Principal Place of Business Mailing Address 371C CYPRESS DR 371C CYPRESS DR TEQUESTA FL 33469 US US								
					3. Date Incorporated or Qualified 09/22/1964		te of Last F 02/1996	Report
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
<u>]</u>		26		····	59-1449292	····		ot Applicable
Suite, Apt 2	t #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional lequired
City & Sta	ote	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for			
4]	25	29	30		Florida Statutes	Yes [] No	
	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New Re	gistered a	Agent	
LAI	LONDE, GARY F.		1	81 Name				
	21 165TH RD PITER FL 33478		B2		dress (P.O. Box Number is Not Acceptab	ole)		*
001			Ì	83				
			ŀ	84 City			85 Zip	Code
				City		FL	(65) 2.10	Coos
			riorida Stati	utes.	rporation submits this statement for the pation's board of directors. I hereby accept			
	Signer we have don printed name of registerer	d ager I and title if applicable. (N	OTE: Registered		uired when reinstating)	DATE		
12.	Signer we have don printed name of registerer			Agent signature requ		DATE		RS IN 12
12. Tiluf	Signetine typed or printed name of registeror OFFICERS	d agent and title if applicable. (N	OTE: Registered	Agent signature requ	uired when reinstating)	DATE	DIRECTO	RS IN 12
12. Title Name	Signar we syled or printed name of registeric OFFICERS P LALONDE, GARY F.	d agent and title if applicable. (N	13. 1.1 TII	Agent signature requ	uired when reinstating)	DATE	DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS P LALONDE, GARY F. 1321 165TH RD JUPITER FL	d ager I and title if applicable. (N AND DIRECTORS DELETE	OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST	Agent signature require	uired when reinstating)	DATE	DIRECTO Change	RS IN 12
TITLE NAME STREET ADDRESS CITY ST-ZIP	P LALONDE, GARY F. 1321 185TH RD JUPITER FL ST	d agent and title if applicable. (N	13. 1.1 III 1.2 NA 1.3 STI 1.4 CR	Agent signature requires LE LME REET ADDRESS TY-ST-ZIP LE	uired when reinstating)	DATE	DIRECTO	RS IN 12
12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	P LALONDE, GARY F. 1321 185TH RD JUPITER FL ST LALONDE, LINDA L.	d ager I and title if applicable. (N AND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	Agent signature required to the signature re	uired when reinstating)	DATE	DIRECTO Change	RS IN 12
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12. IDLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LALONDE, GARY F. 1321 185TH RD JUPITER FL ST LALONDE, LINDA L.	d agent and title if applicable. (N AND DIRECTORS DELETE DELETE	Ta. 1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.2 NA 2.3 STI 2.4 CI	Agent signature required to the signature re	uired when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition Addition
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Lam an officer or director of the corporat appears in Block 12 or Block 13 if cran his report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

4/9/97

(561)746-7975

0332256