FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **416765** **(6)**

1. Corporation Name

GLOBE AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
1377 N. KILLIAN DRIVE LAKE PARK FL 33403	1377 N. KILLIAN DRIVE LAKE PARK FL 33403

2. Principal Place of Business	2a. Mailing Address
21 3630 ~~Currency~~ CONSUMER Street	26 3630 ~~Currency~~ CONSUMER Street
Suite, Apt. #, etc. 22 Bay # 109	Suite, Apt. #, etc. 27 Bay # 109
City & State 23 West Palm Beach ,FL.	City & State 28 West Palm Beach
Zip 24 33404 Country 25 Palm Beach	Zip 29 33404 Country 30 Palm Beach

3. Date Incorporated or Qualified: 01/15/1973	3a. Date of Last Report: 05/23/1995
4. FEI Number: 59-1439447	Applied For / Not Applicable
5. Certificate of Status Desired: XX	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: X Yes ☐ No	

9. Name and Address of Current Registered Agent

BENN, ROBERT C
1377 NORTH KILLIAN DR.
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1751 13th Avenue North

83

84 City: Lake Worth FL 85 Zip Code: 33460

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: Robert C. Benn — DATE: 4/29/96

Signature, type or printed name of registered agent and title, if any — NOTE: Registered Agent signature required by law.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BENN, GLORIA L 1377 NORTH KILLIAN DRIVE LAKE PARK FL	X DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President/Treasurer Benn, Carlton B. 3630 ~~Currency~~ CONSUMER Street Bay # 109 West Palm Beach, FL. 33404	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS BENN, CARLTON B 1377 NORTH KILLIAN DR. LAKE PARK FL	X DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-President/Secretary Benn, Robert C 3630 ~~Currency~~ CONSUMER Street Bay #109 West Palm Beach, FL. 33404	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Carlton B Benn — Carlton Benn — 04-26-96 — 407-844-3115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)