

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **442589** (8)

1. Corporation Name  
**C & R AIR CONDITIONING CO.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 10 PM 12:46

Principal Place of Business  
**2121 NW 139TH ST., BAY 10  
PO BOX 681339  
OPA LOCKA FL 33054  
US**

Mailing Address  
**PO BOX 681339  
P.O. BOX 681339 (MIAMI, FL 33168)  
MIAMI FL 33168  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/22/1974</b>	3a. Date of Last Report <b>02/14/1994</b>
4. FEI Number <b>59-1506371</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>PO Box 681330</b>
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 <b>Miami, FL</b>
24 Country	29 <b>33168-1330</b>
	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**CHRYST, ROBERT J  
1345 NE 138TH ST.  
MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>CHRYST, ROBERT J</b>
STREET ADDRESS	<b>1345 NE 138TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>6</b>
NAME	<b>CHRYST, JOAN MARY</b>
STREET ADDRESS	<b>325 NE 121 TERR.</b>
CITY-ST-ZIP	<b>NO. MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>Sec. Treas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Long, Pamela Joan</b>
2.3 STREET ADDRESS	<b>2446 Grant ST.</b>
2.4 CITY-ST-ZIP	<b>Hollywood FL 33020</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Vice Pres.</b>
3.3 STREET ADDRESS	<b>CHRYST, R. Richard</b>
3.4 CITY-ST-ZIP	<b>12001 NW 2nd ST Plantation, FL 33325</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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, upon an attachment with an address.

SIGNATURE: **Robert J. Cryst** **Robert J. Cryst** 1-16-95 305-6856294  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Initials