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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **442589** **(8)**

1. Corporation Name
C & R AIR CONDITIONING CO.

Principal Place of Business
2121 NW 139 STREET
BAY #10
OPA LOCKA FL 3305
US

Mailing Address
P.O. BOX 681330
P.O.BOX 681339 (MIAMI.FL.33168)
MIAMI FL 33168-1339
US

3. Date Incorporated or Qualified: **01/22/1974**
3a. Date of Last Report: **01/22/1996**

2. Principal Place of Business
21 | Suite, Apt. #, etc. | 22 | City & State | 23 | Zip | 24 | Country | 25

2a. Mailing Address
26 P.O. BOX 681330 | Suite, Apt. #, etc. | 27 | City & State 28 MIAMI, FL | Zip 29 33168 | Country 30 USA

4. FEI Number: **59-1506371** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 ☒ Yes ☐ No

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 **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: CHRYST, ROBERT J		1.2 NAME	
STREET ADDRESS: 1345 NE 138TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP	
TITLE: ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: LONG, PAMELA JOAN		2.2 NAME	
STREET ADDRESS: 2446 GRANT ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP: HOLLYWOOD FL		2.4 CITY-ST-ZIP	
TITLE: VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: CHRYST, RICHARD R.		3.2 NAME	
STREET ADDRESS: 12001 NW 2ND ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP: PLANTATION FL		3.4 CITY-ST-ZIP	
TITLE:	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby 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 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: Robert J Chrys[illegible] 2-21-97 305-6856394

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