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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

454741

(0)

SEIFERT AIR CONDITIONING, INC.							
Principal Place of Business		Mailing Address			I 100113 Q1061 B4111 D1011 (0011 81001	IYAL BIBIL BIBIL BIBIL	ELBIN BIBIK BIBIK 1991
885 N.E. 30TH ST. FORT LAUDERDALE FL 33334		885 N.E. 30TH ST. FORT LAUDERDALE FL 33334					
					 Date Incorporated or Qualified 06/14/1974 	3a. Date of La 02/17/	,
- 1	incipal Pace of Business 2a. Mailing Address				4. FEI Number		Applied For
21] Suite, Ap	ofe # tr	Suite, Apt. #, etc.				Not Applicable	
22		27		5. Certificate of Status Desired	1 1 -	3.75 Additional Fee Required	
City & St.	ate	City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Ζφ 24	Country 25	Country Zip Country 29 30		ry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 9 Yes No		
- <u></u>	9. Name and Address of Curre		1301		10. Name and Address of New Ro		i
			8	1 Name			
SEIFERT, ROSEMARIE			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	n e 27th ave House PNT FL 33064		8	3			
			8	4 City		— 85	Zip Code
44 D	4 9 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	0 1 007 4580 5: :1- 0: -1		<u></u>			
SIGNATURE	Figure typed or printed name greatered agr	LUV - KOSEMAK	OF SEIFE IOTE Registered Ag	RT	oration submits this statement for the purp ard of directors. I hereby accept the apport and when reinstating!	2-2090 DATE	<u> </u>
12. Till!	D OFFICERS AN	ID DIRECTORS	13.	 	ADDITIONS/CHANGES TO OFFI		
NAME	SEIFERT, ROBERT	D perfert	1.2 NAM			☐ Cha	nge 🔲 Addition
STREET ADDRESS				ET ADDRESS			
CHY+S1+ZIP	LIGHTHOUSE PNT, FL 00000)	1.4 CITY	* * *			
TOLF	S					Cha	nge 🔲 Addition
NAME	SEIFERT, ROSEMARIE		2 2 NAMI				
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		23 STRE	ET ADDRESS			
CITY - S1 - ZIF	LIGHTHOUSE PNT, FL 00000	·	24 CITY				
TITE	D CEIFFERT MALERIE	☐ DELETE	3 1 1111			☐ Cha	nge 🔲 Addition
NAME CLOSEL ASSESSED	SEIFERT, VALERIE		3.2 NAMI				
STREET ADDRESS CHY-ST-ZIP	3521 NE 27TH AVE			ET ADDRESS			
BIFLE	LOTTIOUSE FORT TE	□ DELETE	3.4 C/TY -			☐ Cha	nge 🔲 Addition
NAME			4.2 NAMI				allo C vinovinos
STREET ADDRESS	s			ET ADDRESS			•
CITY-ST-7IP			4.4 CITY	ST-ZIP			
TITLE	The second secon	☐ DELETE	5. 1 TiTLI			☐ Cha	nge 🔲 Addition
NAME			5.2 NAM				
STREET ADDRESS	5		5.3 STRE	et address			
CITY - ST - ZIP		Double	5.4 CITY				
TITLE NAME		☐ DELETE	6 1 71714			☐ Chai	nge Addition
STREET ADDRESS	e		6 2 NAM8				
	´			ET ADDRESS			
14. I do here	eby certify that the information supplied	with this filing is voluntarily fur	nished and do	es not qualify	for the exemption stated in Section 119.0	7(3)(k), Florida S	tatutes. I further
certily tr oath, tha	hat the information indicated on this anni	ua: report or supplemental ani oration or the receiver or trusti	nual report is t ee empowered	es not qualify	for the exemption stated in Section 119.0 rate and that my signature shall have the s nis report as required by Chapter 607, Flo	sama lanal offant	ac if made un

OFFICER OR DIRECTOR SENTERT J. 4.96 954-50 1-8537 SIGNATURE: