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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:57

DOCUMENT # **458231** **(8)**

1. Corporation Name
RESIDENTIAL AIR CONDITIONING CORP.

Principal Place of Business	Mailing Address
20250 NE 15TH COURT N. MIAMI BEACH FLORIDA 33179	20250 NE 15TH COURT N. MIAMI BEACH FLORIDA 33179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/02/1974**
3a. Date of Last Report: **06/16/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1690043** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / County — 25 / Zip — 29 / County — 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HEISLER, ALBERT
15781 N.E. 14TH COURT
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3716 N.E. 168 ST
83
84 City: N MB FL 85 Zip Code: 33160

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☐ Change ☐ Addition
NAME	VANNI, RICHARD	12 NAME		
STREET ADDRESS	1865 N E 208TH TERR	13 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	HEISLER, ALBERT	22 NAME		
STREET ADDRESS	15781 N E 14TH CT	23 STREET ADDRESS	3716 NE 168 ST	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	24 CITY-ST-ZIP	N.M.B. FL. 33160	
TITLE	TD	31 TITLE		☒ Change ☐ Addition
NAME	GRAY, RUDY	32 NAME		
STREET ADDRESS	19610 N W 4 AVE	33 STREET ADDRESS	16600 N.W. 7 AVE	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	34 CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(i), 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: Albert Heisler 4/10/95 305 653-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALBERT HEISLER

0196006 CP