

**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 # 488354 (2)**

1. Corporation Name  
**LINDSTROM AIR CONDITIONING, INC.**



Principal Place of Business  
**6601 LYONS ROAD  
D-8  
COCONUT CREEK FL 33073**

Mailing Address  
**6601 LYONS ROAD  
D-8  
COCONUT CREEK FL 33073**

3. Date Incorporated or Qualified  
**10/24/1975**

3a. Date of Last Report  
**03/08/1995**

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

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

4. FEI Number  
**59-1630091**

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**

**LINDSTROM, CARL E  
6601 LYONS RD.  
COCONUT CREEK FL 33073**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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**

Signature typed or printed name of registrant agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINDSTROM, CARL E	
STREET ADDRESS	12289 WILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LINDSTROM, DEBORAH A	
STREET ADDRESS	12298 WILES RD	
CITY-ST-ZIP	ORAL SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LINDSTROM, JEFFERY C.	
STREET ADDRESS	12298 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LINDSTROM, DOUGLAS	
STREET ADDRESS	12298 WILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	<b>6601 LYONS ROAD - D-8</b>
1.4 CITY-ST-ZIP	<b>COCONUT CREEK, FL 33073</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>6601 LYONS ROAD - D-8</b>
2.4 CITY-ST-ZIP	<b>COCONUT CREEK, FL 33073</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>6601 LYONS ROAD - D-8</b>
3.4 CITY-ST-ZIP	<b>COCONUT CREEK, FL 33073</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>6601 LYONS ROAD - D-8</b>
4.4 CITY-ST-ZIP	<b>COCONUT CREEK, FL 33073</b>
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 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:** *Carl E. Lindstrom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/1996** 954-420-5300  
Date Daytime Phone #

CR2E034 (12/95)