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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 4883

488354

(2)

FILED Apr 03 1998 8:00am Secretary of State

Daine in all Disease	STROM AIR CONDITIONING							
Principal Plac	ce of Business	Mailing Address						, , , , , , , , , , , , , , , , , , ,
6601 LYON	IS ROAD	6801 LYONS ROAD						
D-8	CREEK FL 33073	D-8 COCONUT CREEK FL 33073		DO NOT WRI	TE IN THIS S	PACE		
COCONDI	OREEK PL 330/3	COCONUI CHEEK FL	33073		3. Date Incorporated or Qualified		AOL	
					10/24/1975	•		
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number			pplied For
21		26			59-1630091			ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.						Additional
22		27			5. Certificate of Status Desired			equired
City & Stat	le	City & State			8. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zıp	Count	ry	8. This corporation owes or has	paid the curr	ent year In	tangible
24	25	29	30		Personal Property Tax due Ju			□ No
	9. Name and Address of Currer	nt Registered Agent		41	10. Name and Address of New I	Registered A	\gent	
	INDSTROM, CARL E		В	1 Name				
6601 LYONS RD.		82		2 Street Add	dress (P.O. Box Number is Not Accept	table)		
C	COCONUT CREEK FL 33073							
			8	3				
			8	4 City			65 Zip	Code
						<u> </u>	'	
agent. I a	am familiar with, and accept the obligi	rof Florida. Such change was ations of, Section 607.0505, F	authorized b Torida Statuti	by the corpora es.	rporation submits this statement for the ation's board of directors. I hereby acc	cept the appo	ointment as	s registered
SIGNATURE	Signature, typed or printed ranne of registered rigin	int and life if applicable (NC	OTE Registered A		jured when reinstating)	DATE		
		int and life if applicable (NC		gent signature requ		DATE FICERS AND		
SIGNATURE	Signature, typed or printed cause of registered right OFFICERS AN	int and title if applicable (NC DIDIRECTORS	DIE Registered A	gent signature requ	jured when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or profest came of registered e.g. OF LICEHS ANI	int and title if applicable (NC DIDIRECTORS	13. 1.1 TITLE	gent signature requ	jured when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
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14. Thereby 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 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 graphical control or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if profiged, or on an attachment with an address.

SIGNATURE:

CARL E. LING

3/30/18 954-420-530.