

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT



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

FILED

99 DEC -8 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # 489829

(2)

1. Corporation Name

HAROLD SHAFFER'S AUTO PARTS AIR-COND. SERVICE, I  
NC.

Principal Place of Business

4120 NW 135TH ST.  
BAYS A&B  
OPA-LOCKA FL 33054

Mailing Address

4120 NW 135TH ST.  
BAYS A&B  
OPA-LOCKA FL 33054-4612

3. Date Incorporated or Qualified

11/03/1975

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1688994

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

2. Principal Place of Business

21 885 35 CT. S.W.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 State, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

VERO BEACH FL

28 City & State

24 Zip

32968

Country

25 ADRIAN  
RIVER

29 Zip

30

Country

31

9. Name and Address of Current Registered Agent

SHAFFER, HAROLD  
4120 NW 135TH ST.  
OPA-LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

885 35 CT. S.W.

83

84 City

VERO BEACH

FL

85 Zip Code

32968

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

X

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

P  
SHAFFER, HAROLD  
3731 NW 171ST STREET  
OPA LOCKA FL 33054

1.2 TITLE ☐ DELETE

VP  
SHAFFER, MARI JEAN  
3731 N.W. 171ST STREET  
OPA LOCKA FL 33054

1.3 TITLE ☐ DELETE

T  
PAUL J. SHAFFER,  
6960 NW 186TH ST. #327  
MIAMI LAKES FL 33015

1.4 TITLE ☐ DELETE

1.5 TITLE ☐ DELETE

1.6 TITLE ☐ DELETE

1.7 TITLE ☐ DELETE

1.8 TITLE ☐ DELETE

1.9 TITLE ☐ DELETE

1.10 TITLE ☐ DELETE

1.11 TITLE ☐ DELETE

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1.14 TITLE ☐ DELETE

1.15 TITLE ☐ DELETE

1.16 TITLE ☐ DELETE

1.17 TITLE ☐ DELETE

1.18 TITLE ☐ DELETE

1.19 TITLE ☐ DELETE

1.20 TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P  
SHAFFER, HAROLD  
362 TOLEDO ST.  
SEBASTIAN, FL 32958

2.1 TITLE ☒ Change ☐ Addition

VP  
SHAFFER, MARI JEAN  
362 TOLEDO ST.  
SEBASTIAN, FL 32958

3.1 TITLE ☒ Change ☐ Addition

T  
PAUL J. SHAFFER  
1591 EAST LAKE LANE  
SEBASTIAN, FL 32958

4.1 TITLE ☐ Change ☐ Addition

100003070641--9  
-12/14/99--01111--013  
\*\*\*150.00 \*\*\*150.00

5.1 TITLE ☐ Change ☐ Addition

5.2 TITLE ☐ Change ☐ Addition

5.3 TITLE ☐ Change ☐ Addition

5.4 TITLE ☐ Change ☐ Addition

5.5 TITLE ☐ Change ☐ Addition

5.6 TITLE ☐ Change ☐ Addition

5.7 TITLE ☐ Change ☐ Addition

5.8 TITLE ☐ Change ☐ Addition

5.9 TITLE ☐ Change ☐ Addition

5.10 TITLE ☐ Change ☐ Addition

5.11 TITLE ☐ Change ☐ Addition

5.12 TITLE ☐ Change ☐ Addition

5.13 TITLE ☐ Change ☐ Addition

5.14 TITLE ☐ Change ☐ Addition

5.15 TITLE ☐ Change ☐ Addition

14. I 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  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

KE

**LESLIE E. DOLIN PA, CPA**

11645 BISCAYNE BOULEVARD SUITE 306C  
NORTH MIAMI, FL 33181

Phone 305-893-4333  
Fax 305-891-3320

December 01, 1999

Division Of Corporations  
Attn.: Annual Reports  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Harold Shaffers Auto Air Conditioning Service Inc.  
885 35 Ct. S.W.  
Vero Beach, FL 32968  
Document No. 489829

Dear Sirs,

My client is in receipt of administrative order of dissolution for the above corporation.

Please be advised that this corporation moved to the above address in January, 1999 and never received either the first or second mailings of the 1999 corporate annual report packets. The only notice that the corporation did receive was that their corporation had been dissolved.

Enclosed find a check payable to Department Of State in the amount of \$150.00 representing the corporations annual renewal fee for 1999 along with the 1999 report(prepared on 1997 form)indicating the corrected addresses for the corporation and its officers.

We kindly request that you reinstate the corporation and waive the filing penalties for doing so. The report would have been timely filed and paid had the US Post Office properly forwarded the mail from the old address, but it did not do so. Also if the \$600 penalty would create a severe undue financial hardship on the business, which is struggling to establish itself in this new location.

Your kindness and consideration in the matter is greatly, greatly appreciated.

Very truly yours,

  
LESLIE E. DOLIN, CPA