4-30-48 B 5971 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 30 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

501665

(4)

1. Corporatio HIALE/	AH RADIATOR & AIR COND	DITIONING SERVICE, II	NC					
Principal Plac	e of Business	Mailing Address		- I IOCIAL BINI SOLOT INDIA SALID DISI	Ji Elil Oldi Ol	iji ildir 11810 118 .		
SERVICE-ING. 840 EAST 48TH STREET HALEAH FL 33013		Service. Inc . 840 East 49th Street Haleah Fl 33013		DO NOT WRITE IN THIS SPACE				
MALEAN FL	33013	HALENT FL 33013		3. Date Incorporated or Qualifie				
				04/21/1976				
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Ar	Applied For	
21		26		59-1678765		No	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				May Be		
23		28		Trust Fund Contribution		Added 1	to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has	•	-		
24	25	29	30	Personal Property Tax due June 30.			_ No	
	9. Name and Address of Curre	nt Hegistered Agent	B1 Name	10, Name and Address of New	Registered	I Agent		
ROSS, S. BLAIR			BARN	WELL, WILLIAM L				
	W-FLAGLER STREET, SUITE-10	933	82 Street Add	ress (P.O. Box Number is Not Acceptable)				
MIAM FL 33125-			83	SW 130TH AVE				
			03					
			84 City		Fl	85 Zip (Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authagent. I am familiar with, and accept the obligations of				LAUDERDALE		- ///	330	
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized by the corpora	tion's board of d irectors. I hereby ac	cept the ap	pointment as	registered	
	m familiar with, and accept the oblic	ations of Section 607.0505, F	lorida Statutes.			Jan		
SIGNATURE 1	Signature, typed or printed name of registered ag	ent and title if applicable (NO	IE: Registered Agent signature requ	L. Barnwell	4/22 DATE	198		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTOR	IS IN 12	
TITLE	PD	DELETE	1.1 TOTLE			Change	Addition	
NAME	Barnwell, William L.		1.2 NAME					
STREET ADDRESS	Arma a Bilat a a mark a stand		1.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 Cłty - St - ZIP					
TITLE	STD	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	B ARNWELL, JUANITA K		2.2 NAME					
STREET ADDRESS	5731 SW 130TH AVE		2.3 STREET ADDRESS	,				
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY - ST - ZIP					
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY - ST - ZIP	····		- T-0:	1 4 4 8 4	
TITLE		☐ DELETE	4.1 T(T) E			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP			Change	Addition	
TITLE			5.1 TITLE			Change		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- ST- ZIP 6.1 TITLE			Change	Addition	
NAME		_ Dictil	6.2 NAME			3.10.18s		
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					
ONLI DI LI			■ 0/1 0/11 0 (1 CII					

14. 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 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.