FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

528807 (1)

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JP	AIR	COND	ITIONIN	G INC.

Principal Place of Business Mailing Address

23140 SW 187 AVENUE 23140 SW 187 AVENUE
MIAMI FL 33170 MIAMI FL 33170



		MIAMI FL 33170			
				3. Date Incorporated or Qualified 03/10/1977	3a. Date of Last Report 01/27/1995
2. Principal Pla	_	2a. Mailing Address	TZOG W	4. FEI Number 59-1749174	Applied For
21 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8 UM SO EL	26 1 188 10 Suite, Apt. #, etc.	m and	35 1745 174	Not Applicable
22	·, Otto	27]		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	- 610	6. Election Campaign Financing	\$5.00 May Be
²³ . Ho m	ESTEAD FLA	28 Homeste	RO FUH. Country	Trust Fund Contribution	A0060 to F86s
~ -	30 25 DADE		30 OA DE	8. This corporation has liability for in Florida Statutes Yes	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
IOLINIOO	41 34/04 (444 F		81 Name	Johnson Will	IAM E
	n, William e. W. 187th ave.		82 Street A	ddress (P.O. Box Number is Not Acceptab	
MIAMI FL			83	J88 100 30 21	
MISSAII LE	. 33170			1	11
			84 City	Homestead	FL 85 70,000
11. Pursuant to	the provisions of Sections 607,0502	and 607.1508, Florida Statutes,	the above-named con	rporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its registered offic
familiar witi	ed agent, or both, in the State of Florid h, and accept the obligations of, Secti	ion 607.0505, Florida Statutes.	by the corporation s t	board of directors, I hereby accept the appo	ointment as registered agent. I am
SIGNATURE _					
	Signature, typical or perited name of registered agent OFFICERS AND		Begistered Agent signature re-	ADDITIONS/CHANGES TO OFFI	DATE
TITLE	PD	[] DELFTE	1.1 TITLE	00	
ı	IOUNCON WALLAND				
NAME	JOHNSON, WILLIAM E.		1.2 NAME	20 HOSON, MICH	AW.
NAME STREET ADDRESS	23140 S.W. 187TH AVE.		1.2 NAME 1.3 STREET ADDRESS	1988 NM SOLL	BW.
	23140 S.W. 187TH AVE. MIAMI FL			Tohorow, William 1706 WIN BORI	нт LA. 33030
STREET ALIGNESS	23140 S.W. 187TH AVE. Miami Fl SD	DELETE	1.3 STREET ADDRESS	TOGEWA BORI	LA. 33030 Change Addition
STREET ALIGNESS CITY-ST-24F	23140 S.W. 187TH AVE. MIAMI FL SD JOHNSON, CHERYL A	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	JOHOTON, WILL	LA. 33030
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certify that the information indicated on this aiming is voluntarily inministed and does not quart for the exemption stated in Section 119.07(3)(x), Profest statiles. Therefore certify that the information indicated on this aiminal report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I aim 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:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96

305 2338314

Daytime Phone #

2E034 (12/95)