

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90045 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 528807

1. Corporation Name
J P AIR CONDITIONING INC.



Principal Place of Business 1788 NW 20 STREET HOMESTEAD FL 33030 US	Mailing Address 1788 NW 20 STREET HOMESTEAD FL 33030 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified
03/10/1977

4. FEI Number
59-1749174

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

JOHNSON, WILLIAM E.
1788 NW 20 ST
1
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1788 NW 20 ST

83

84 City **HOMESTEAD** FL 85 Zip Code **33030**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, WILLIAM E.	
STREET ADDRESS	1788 NW 20 STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARLEEN, ROCA	
STREET ADDRESS	1788 NW 20ST	
CITY-ST-ZIP	HOMESTEAD FL 32030	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, JAMES W	
STREET ADDRESS	14341 S.W. 280 STREET	
CITY-ST-ZIP	MIAMI 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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	ARLEEN F. JOHNSON
2.4 CITY-ST-ZIP	1788 NW 20 ST. Homestead, FL. 33030
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: WILLIAM E. JOHNSON Date: Jan. 1/26/99 Daytime Phone #: (305) 233 8314

CR2E034 (1/98)