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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation		8 (3)				
A & L /	AIR CONDITIONING, INC.					
Principal Place of	of Business	Mailing Address			<del> </del>	81011 81841 8881
881 N.E. 205TH STREET NORTH MIAMI BEACH FL 33179  881 N.E. 205TH STREE NORTH MIAMI BEACH FL 33179  NORTH MIAMI BEACH						
				3. Date Incorporated or Qualified 05/26/1977	3a. Date of Last R 05/31/19	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	<del></del>	Applied For
21		26		59-1752885		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	T	Additional Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		O May Be
710	Country	28 Zip	Country	8. This corporation has liability for in	Aude	d to Fees
Zip 24	25	29	30	Florida Statutes  Yes		180.002,
***	9. Name and Address of Currer			10. Name and Address of New Re	egistered Agent	
			81 Name			
TURTUR	RO, LOUIS		82 Street Add	Iress (P.O. Box Number is Not Acceptable	le)	
881 N.E. 205 STREET						
n. Miam	II BEACH FL 33179		63			
			84 City		FL 85 Z	p Code
					# " B _	
44 Discount to	the are taking of Sections 607 0500	2 and 607 1509 Florida Statut	tes the above named corpo	viction submits this statement for the num	rose of changing its	registered office
or registere	ed agent, or both, in the State of Flori	ida. Such change was authoriz	zed by the corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	rose of changing its	registered office d agent. I am
or registere familiar with	o the provisions of Sections 607,0502 of agent, or both, in the State of Flori n, and accept the obligations of, Sect	ida. Such change was authoriz	zed by the corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	rose of changing its	registered office d agent. I am
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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 12 it changed, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPEO OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR