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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address	) FIRST BILL ON THE PER
847 FELLSMERE HWY	-2170 ARNOLD LANE	
SEBASTIAN FL 32958	MALABAR FL 22950	
US	US	DO NOT WE
l .		

## **FILED** Feb 22, 1999 8:00 am Secretary of State

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DOCU	MENT # 567795	5			
1. Corporatio	) AIR CONDITIONING, INC.				
AINOLL	All CONDITIONING, INC.	•			BE BEEL BEBLE WENTE BEBLE BEBLE BEBLE BEBLE BEBLE EBB
				,	
Principal Plac	e of Business	Mailing Address	<del></del>	;	#1 #161 #1#11 #1#11 #1#11 #1#11 #1#11 #1#11 1##1
847 FELLSMER	E HWY	2170 ARNOLD LANE			
SEBASTIAN FL	32958	MALABAR FL 32950			, , THE CD CO.
US		US		3. Date Incorporated or Qualifed	E IN THIS SPACE
				04/05/1978	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 847 Fell	Ismere Hw	'u 59-1819713	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		a. Cerdicate of States Desired	Fee Required
City & Stat	e	City & State  Se ha ST	ian d	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Se 0 a 5 1	Country	Trust Fund Contribution	Added to Fees
24	25	- '200 ra -	30 Indan R	<ul> <li>8. This corporation owes the curred</li> <li>Personal Property Tax.</li> </ul>	ent year Intangible  Services No
24	9. Name and Address of Curre		SO FICKIN	10. Name and Address of New R	
		<u> </u>	81 Name	*	
	OLD, LEO		82 Street Ad	dress (P.O. Boy Number is Not Accenta	hle)
	ARNOLD IN.		OZ ONOCI AC	dress (P.O. Box Number is Not Acceptal	pr
Ł	M <del>-Bay, FL -</del> A <del>bar Fl-32950</del>		83 .		
MAL	ABAN FL 32930		84 City	•	85 Zip Code
				nicco,	FL 32976
11, Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statutes e of Florida, Such change was aut	s, the above-named co	rporation submits this statement for the pation is board of directors. I hereby accept	ourpose of changing its registered for the appointment as registered
					, m.e. emperement de regionale
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.		1/1/22
agent. I a	Los amold	1	da Statutes.		16/99
agent. I a SIGNATURE	Signature, typed or printed name of registered ag	/ lent and title if applicable. (NOTE: F	da Statutes. Registered Agent signature requ		DATE
agent. I a	Signature, typed or printed name of registered ag	1	da Statutes.		DATE  ICERS AND DIRECTORS IN 12  Change Addition
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A	// ent and title if applicable. (NOTE: F ND DIRECTORS	da Statutés. Registered Agent signature requ	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12   Change
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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: