

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 582056

(8)

1. Corporation Name

DESIGN AIR CONDITIONING, INC.



Principal Place of Business

4269 N.W. 1ST AVE.
BOCA RATON FL 33431

Mailing Address

4269 N.W. 1ST AVE.
BOCA RATON FL 33431

2. Principal Place of Business

21 Suite, Apt., #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt., #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
08/14/1978

3a. Date of Last Report
02/07/1995

4. FEI Number

59-1840151

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

RITTER, GREGORY J.
7000 WEST PALMETTO PARK ROAD, SUITE 409
BOCA BANK CORPORATE CENTRE
BOCA RATON FL 33433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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

(Signature of Registered Agent)

(Signature of Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PS	☐ DELETE
2. NAME	EVANS, SHAWN	
3. STREET ADDRESS	212 VENETIAN DRIVE	
4. CITY, ST, ZIP	DELRAY BEACH FL	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered 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:

(Signature of Shawn Evans)

1/18/96

407-395-9390

CR2E034 (12/95)