OCUMENT # 582661 MPERIAL AIR CONDITIONING OF TAMPA. INC.	PROFIT CORPORATION ANNUAL REPORT 1999	Katheri Secreta	RTMENT OF STATE ine Harris ry of State CORPORATIONS	Jan 23, 1999 8 Secretary of 01-23-1999 90055 043 ****1	State
Principal Place of Businese Is 20 MEERASKA AVE UUTZ PL 33549 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN	Corporation Name				
Principal Place of Business 2a. Maining Address 4. FEI. Number Applied For Suite, Apt. #, etc. 72 Soute, Apt. #, etc. 50-1657353 Note: Applied For Suite, Apt. #, etc. 72 Soute, Apt. #, etc. 5. Centricate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing Address of New Registered Agent Address of New Registered Agent 2/p Country Zp Country 8. This composition over the current year Intergistered Agent 10. Name and Address of New Registered Agent 16200 NEBRASKA AVENUE 152 Street Address of P.O. Box Number is Net Acceptable) 1 16200 NEBRASKA AVENUE 81 Name Street Address of P.O. Box Number is Net Acceptable) 1702 New Registered Agent 10. Name and Address of New Registered Agent 1 16200 NEBRASKA AVENUE 81 Name 1 16200 NEBRASKA AVENUE 82 Street Address of P.O. Box Number is Net Acceptable) 1 1702 New Registered Agent, or toth, the State of Fords Statutes, Profile Statutes, The address of O. Mew Registered Agent or toth, the State of Fords Statutes, Profile New Registered Agent or toth, the State of Fords Statutes, Profile New Registered Agent or toth, the State of Fords Statutes, Profile New Registered Agent or toth, the State of Fords Statutes, Profile New Registered Agent or toth, the State of Fords Statutes, Profile New Registered Agent, toth, the Deco	incipal Place of Business 204 NEBRASKA AVE TZ FL 33549	16204 NEBRASKA AVE		3. Date Incorporated or Qualifed	SPACE
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23 29 30 Personal Property Tax. SX Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CASTELLANO, JOSPEH E 1202 MEBRASKA AVENUE 92 Street Address (P.O. Box Number is Not Acceptable) 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 1000 Fibra or registered agent, or total of Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or total submitment as registered agent, or total of Florids. Such change was authorized by the corporation's board of directors. In the purpose of changing its registered agent, or total of Florids. Such change was authorized by the corporation's board of directors. In the purpose of changing its registered agent, or total of Florids. Such change was authorized by the corporation's board of directors. In the purpose of change is the purpose of the purpose of change is the purpose of change is the purpose of th	-		Country	Trust Fund Contribution	
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4. I hereby certify that the information supplied with this tiling does not quality for the exemption stated in Section (19.07), fond a database 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 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 officer or director of the corporation or the receiver or trustee empowered to execute this negotive and the same set of the corporation or the receiver or trustee empowered to execute the same set of the corporation or the receiver or trustee empowered to execute this negotive and the same set of the corporation or the receiver or trustee empowered to execute the same set of the corporation or the receiver or trustee empowered to execute this negotive and the same set of the corporation or the receiver or trustee empowered to execute the same set of the corporation or the receiver or trustee empowered to execute the same set of the corporation or the receiver or trustee empowered to execute the same set of the corporation or the receiver or trustee empowered to execute the same set of the corporation or the receiver or trustee empowered to execute the same set of the corporation or the receiver or trustee empowered to execute the same set of the corporation or the receiver or trustee empowered to execute the same set of the corporation or the receiver or trustee empowered to execute the same set of the corporation of the corporatio	office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli IGNATURE Signature, typed or printed name of registered a 2. OFFICERS / TLE PD CASTELLANO, JOSEPH E 16204 NEBRASKA AVE LUTZ FL TV-ST-ZIP LUTZ FL TVE V WME CASTELLANO, BRUNO 1705 W JEAN TAMPA FL TLE ST CASTELLANO, KATHLEEN 16204 NEBRASKA AVE. LUTZ FL TLE ST CASTELLANO, KATHLEEN 16204 NEBRASKA AVE. LUTZ FL TLE LUTZ FL TLE LUTZ FL TLE LUTZ FL TLE LUTZ FL TLE ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS	agent and title if applicable. (NOT AND DIRECTORS	Ites, the above-named cor authorized by the corporat orida Statutes. TE: Registered Agent signature requir 13. 1.1 ITTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition Change Addition