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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

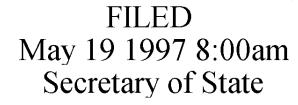
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 583114

(4)

MOBILE HOME AIR CONDITIONING AND HEATING SPECIAL ISTS, INC.





Principal Plac	e of Business	Mailing Address			4 IBBOOL BIID) AGIOD HITDI UNDI KIDIT BIRIT BIRIT BIRIT BIDIT BIRIT BIDIT BIRIT BIDIT BIRIT BIDIT		
2114 PIERCE S HOLLYWOOD F US		2114 PIERCE STREET HOLLYWOOD FL 3302 US	0-4412				
	·	••			3. Date Incorporated or Qualified 08/23/1978	3a. Date of L 04/24/19	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	**********************	······································	59-1898813		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	•		5. Certificate of Status Desired		.75 Additional see Required
22 City & Stat	0	27 City & State	·····	······	6 Clastice Compains Cinesains		·····
23	τ.	28			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip	Country	Zip	Country		8. This corporation has liability for it	. –	
24	25	29	30	•		Yes No	007 6: 100:002,
.=	9. Name and Address of Curr		13-1		10. Name and Address of New Re-		
NOE	ILE, BARBARA			81 Name			
2114	I PIERCE STREET			82 Street Add	dress (P.O. Box Number is Not Acceptab	io'i	
HOL	LYWOOD FL 33020	•		OL OUGE! NOC	areas (1.0. box riumber is mor nocapiao	· ·	
				83			
				84 City		losi	Zip Code
				City	:	FL 85	Zih Code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida. Such change v	vas authorized	by the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	urpose of chang If the appointme	jing its registered int as registered
SIGNATURE	Signature typicd or princed name of registered	apent and title if applicable.	(NOTE: Registered	Agent signature regu	ured when reinstating)	DATE	
12.	THE RESIDENCE OF THE PARTY OF T	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TILLE	D	☐ DELETE	1.1 147	LE		☐ Ct	ange Addition
NAME	SCHAFEFFER, DEAN		1,2 NAI	VIE			
STREET ADDRESS	2114 PIERCE STREET		1,3 STF	REET ADDRESS			
CITY - \$1 - ZiP	HOLLYWOOD FL		1.4 0(1	Y - ST - ZIP			
101.6	DP	DELETE				☐ Ch	nange 🔲 Addition
NAME	NOBLE, BARBARA		2.2 NAI	WE			ļ
STREET ADDRESS	2114 PIERCE STREET		2.3 STF	REET ADDRESS	•		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 Cil	Y-\$T-ZIP			
10.E	PST	DELETE	3.1 DT	LE		☐ CH	nange Addition
NAME	NOBLE, BARBARA		3.2 NAI	ME			
STREET ADDRESS	2114 PIERCE STREET		3.3 STF	IEET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD FL			Y-ST-ZIP			
THLE		☐ DELETE	4.1 Titl	LE		☐ Ch	nange 🔲 Addition
NAME			4, 2 NA	ME			1
STREET ADDRESS			4.3 STF	LEET ADDRESS			ļ
CITY - ST - ZIP				Y-ST-ZIP			
TITLE		DELETE	5.1 T(T)	LE		☐ Ch	nange 🔲 Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 STF	HEET ADDRESS			
CITY - S1 - 7#				Y-S1-ZIP			
Tille		DELETE	6.1 TiTl	LE		c	nange 🔲 Addition
NAME			6.2 NA	VIE .			
STREET ADDRESS			6.3 STF	REET ADDRESS		•	
C(TY - ST - ZIP			6.4 CIT	Y-ST-ZIP			
44 Lala hard	by earth, that the information given	liad with this filips does not			d in Contine 110 07/2V/) Elected Statute	. I further earlif	u that the

I do 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

SIGNATURE: BOOK AND TYPED OR PRINT