

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90127 013 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 676631**

1. Corporation Name  
**GABLES AIR CONDITIONING, INC.**



Principal Place of Business  
**4600 SW 75TH AVENUE  
 MIAMI FL 33155  
 US**

Mailing Address  
**4600 SW 75TH AVENUE  
 MIAMI FL 33155  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/11/1980**

4. FEI Number  
**59-2014913**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAEZ, PEDRO P.  
 999 PONCE DE LEON BLVD  
 SUITE 33134  
 CORAL GABLES FL 33134**

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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | DC                    | <input type="checkbox"/> DELETE |
| NAME           | THOMPSON, CYRUS W     |                                 |
| STREET ADDRESS | 5918 MALL STREET      |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL 33146 |                                 |
| TITLE          | CEO                   | <input type="checkbox"/> DELETE |
| NAME           | THOMPSON, CYRUS W     |                                 |
| STREET ADDRESS | 5918 MALL STREET      |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL 33146 |                                 |
| TITLE          | DP                    | <input type="checkbox"/> DELETE |
| NAME           | THOMPSON, KENNETH E   |                                 |
| STREET ADDRESS | 6101 ROLLING ROAD DR  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33156        |                                 |
| TITLE          | VP                    | <input type="checkbox"/> DELETE |
| NAME           | THOMPSON, GENEVA      |                                 |
| STREET ADDRESS | 5918 MALL STREET      |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL 33146 |                                 |
| TITLE          | ST                    | <input type="checkbox"/> DELETE |
| NAME           | THOMPSON, JOYCE       |                                 |
| STREET ADDRESS | 5918 MALL STREET      |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL 33146 |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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: *Katherine Harris* 4/30/99 (305) 264-2020  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0223809