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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

DIVISION OF CORPORATIONS

DOCUMENT #

101

Jan 29 1998 8:00am Secretary of State Secretary of State

FILED

1. Corporati	on Name	= (0)						
!HAILI	er conditioners, inc.							
Principal Pla	ce of Business	Mailing Address						
			1					
55 NE GLENLAKE PKWY 55 NE GLENLAKE PKWY ATLANTA GA 30328 ATLANTA GA 30328				ļ				
US US				L	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifie	t		
2. Principal Place of Business 2a. Mailing Address				06/02/1982 4. FEI Number				
21 26		<u> </u>	, Ivaning Address					oplied For
		Suite, Apt. #, etc.	pt. #, etc.		06-1060329			ot Applicable Additional
22		27	27		5. Certificate of Status Desired			equired
City & State		City & State	City & State		6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes or has	_		
24	25 9. Name and Address of Curren		30		Personal Property Tax due Ju 10. Name and Address of New I			No
C	CORPORATION SYSTEM	t negistered Agent	81 Nam		IU. Name and Address of New I	registered /	agent	
1200 S. Pine Island Road Plantation FL 33324			82 Stree	et Address	(P.O. Box Number is Not Accept	able)		
	3417/11014 7 2 00024		83					
			24 0				- 	
			84 City			FL	1 1	Code
11. Pursuant	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statutes	s, the above-name	ed corpora	tion submits this statement for the	purpose of	changing it	s registered
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Flori	itnorized by the co ida Statutes.	orporation.	s board of directors. I hereby acc	ept the appo	ointment as	registered
SIGNATURE								
12.	Signature, typed or printed name of registered agent and title II applicable. (NOT OFFICERS AND DIRECTORS		Registered Agent signature required w		hen reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	011140
TITLE	AST	DELETE	1,1 TITLE	-	ADDITIONS/CHANGES TO OFF	ICERS AND	Change	S IN 12 Addition
NAME	PICA, EUGENE A.	_	1,2 NAME					
STREET ADDRESS	55 NE GLENLAKE PKWY		1,3 STREET ADDRESS	3				
CiTY-SY-ZiP	ATLANTA GA		1.4 CITY - ST - ŽIP					
TITLE	DC	DELETE	2.1 TITLE	DC			Change	X Addition
NAME	NELSON, KENT C.		2.2 NAME	KEL	LY, JAMES P.			
STREET ADDRESS	55 NE GLENLAKE PKWY		2.3 STREET ADDRESS 55		GLENLAKE PARKWAY N	E		}
CITY-ST-ZIP	ATLANTA GA				ANTA, GA 30328			
TITLE NAME	VS MODEROW, JOSEPH R.	☐ DELETE	3,1 TITLE			ļ	Change	Addition
	55 NE GLENLAKE PKWY		3.2 NAME					
STREET ADDRESS CITY-ST-ZIP	ATLANTA GA		3.3 STREET ADDRESS	`				
TITLE	DTV	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
NAME	CLANIN, ROBERT J.		4, 2 NAME				onlings	LI Vogition
STREET ADDRESS	55 NE GLENLAKE PKWY		4.3 STREET ADDRESS					
CITY-ST-ZIP	atlanta ga		4.4 CITY-ST-ZIP					
TITLE	AST	DELETE	5.1 TITLE				Change	Addition
NAME	AGRESTA, MAURICE M.		5.2 NAME					
STREET ADDRESS	55 NE GLENLAKE PKWY		5.3 STREET ADDRESS	: [
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP					
TITLE	DV	DELETE	6.1 TITLE			ſ	Change	Addition
NAME	SCHAFFER, CHARLES L.		6.2 NAME					
STREET ADDRESS	55 NE GLENLAKE PKWY		6.3 STREET ADDRESS	.]				

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, on an attachment with an address.

1/19/98