

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F22792** (8)

1. Corporation Name

BEST SERVICE AIR CONDITIONING CO., INC.

Principal Place of Business

**12064 S.W. 117 CT.
MIAMI FL 33186**

Mailing Address

**12064 S.W. 117 CT.
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1981

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt # etc

26 Suite Apt # etc

22 City & State

27 City & State

23 ZIP

25 Country

29 ZIP

30 Country

4. FEI Number

59-2078664

Applied For

☐ Not Applicable

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 has liability for intangible tax under S. 195.03,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARONOWITZ, JUDD A.
7900 RED ROAD
SUITE 2
SOUTH MIAMI FL 33143**

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 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent/Secretary)

(Signature of Registered Agent or Registered Agent/Secretary)

(Signature of Registered Agent or Registered Agent/Secretary)

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

**DP
SENEFF, RANDALL
10375 SW 112TH ST
MIAMI, FL 00000**

12.5 NAME

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY, ST, ZIP

**D
SENEFF, EVELYN
10375 SW 112TH ST
MIAMI, FL 00000**

12.9 NAME

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 NAME

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY, ST, ZIP

12.17 NAME

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY, ST, ZIP

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12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

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12.30 NAME

12.31 STREET ADDRESS

12.32 CITY, ST, ZIP

12.33 NAME

12.34 NAME

12.35 STREET ADDRESS

12.36 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 NAME

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 NAME

13.10 NAME

13.11 STREET ADDRESS

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13.28 CITY, ST, ZIP

13.29 NAME

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information included 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 this 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: *Randall J. Seneff*

RANDALL J. SENEFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95 305-255-9870
Typed Name