

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F76198** (3)

1. Corporation Name

ROYCE AIR CONDITIONING, INC.



Principal Place of Business

**9695 NW 79TH AVENUE
HIALEAH GARDENS FL 33016**

Mailing Address

**9695 NW 79TH AVENUE
HIALEAH GARDENS FL 33016**

3. Date Incorporated or Qualified

04/13/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2187864

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOPEZ, ARMANDO J
7090 W. 3RD AVE
HIALEAH FL 33014**

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

Signature typed or printed name of registered agent and the corporation

Printed Registered Agent signature (required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **LOPEZ, ARMANDO J**
STREET ADDRESS **7090 W. 3RD AVE**
CITY-ST-ZIP **HIALEAH FL**

TITLE **SD** ☐ DELETE

NAME **LOPEZ, NORMA**
STREET ADDRESS **7090 W. 3RD AVE**
CITY-ST-ZIP **HIALEAH FL**

TITLE **TD** ☐ DELETE

NAME **LOPEZ, ROYCE**
STREET ADDRESS **10375 S.W. 8TH TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

12. NAME
13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

22. NAME
23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

32. NAME
33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME
43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME
53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME
63. STREET ADDRESS

64. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4-16-96

558-0691

CR2E034 (12/95)