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 # F89449

(5)

AIRMARK AIR CONDITIONING, INC.

FILED Mar 18 1997 8:00am Secretary of State



Principal Place of Business 1111 SE 12TH PL CAPE CORAL FL 33990		Mailing Address P O BOX 337 CAPE CORAL FL 33910-0337							
US						3. Date Incorporated or Qualified 07/06/1982		e of Last R 8/1996	leport
2. Principal P	lace of Business	2a. Mailing	g Address			4. FEI Number	· · · · ·	Ar	oplied For
21		26				59-2209528			ot Applicabl
Suite, Apt	#, Clc	Suite,	Apt. #, etc			5. Certificate of Status Desired		T	Additional equired
City & Stat	£:	City &	State			6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution			to Fees
Zφ	Country	Zip		Counti	у	8. This corporation has liability for			. 199.032,
4	25	29		30			Yes [
	9. Name and Address of Curr	ent Registered A	Agent		~	10. Name and Address of New Re	gistered A	gent	
GER	ard, peter c			8	Name				
3913	SE 18TH PLACE			82	Street 4	Address (P.O. Box Number is Not Acceptal	vie)		
CAPI	E CORAL FL 33904			**	- Ollect /	radiess (1.0. box radiibsi is not ricospial	,,,,		
				8:	1			******	
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				84	City		FL	85 Zip	Code
SIGNATURE	च्युवार कर कुरून वा parted tame (र registered)		ble. (NC		ent signature	required when reinstating)	DATE		
12.		ND DIRECTORS	DELETE.	13.	—	ADDITIONS/CHANGES TO OFFI	CERS AND		
THLE	PD DETERM	ŕ	DELETE	1,1 TITLE]			Change	L Additi
NAMI	GERARD, PETER C			1.2 NAME	ţ				
STREET ADDRESS	3913 SE 18TH PLACE			1.3 STRE	T ADDRESS				
DITY ST 75	CAPE CORAL FL 33904			14 CITY	ST - ZIP				
TIF	STD		DELETE	2.1 TITLE				Change	Additi
NAME	GERARD, SHARON			2.2 NAME					
STREET ADDRESS	3913 SE 18TH PLACE			2.3 \$TRE	T ADDRESS				
CHY-ST ZIF	CAPE CORAL FL L3904			2. 4 CITY					
TIFLE			DELETE	3.1 TITLE			ļ	L Change	Addit
AVWŧ				3.2 NAME	Į				
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011y 51-74				5.4 CITY				T 0:	<u> </u>
THLE			DELETE	6.1 FITLE				Change	L_ Additi
NAME				6.2 NAMI					
STREET FADORESIS				6.3 STAE	et address				
CHY-ST ZIP				6.4 CITY	ST-ZIP				

14. Lab 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 reformation indicated on this armual 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 prector 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: "

Shawn Gleand Sharon Gerard

1/15/07 941-574-6986 Daytime Phone #