

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 # G34296 (5)

1. Corporation Name

LAND & SEA AIR CONDITIONING SYSTEMS, INC.



Principal Place of Business

Mailing Address

**1108 SUNSET STRIP
SUNRISE FL 33313**

**1108 SUNSET STRIP
SUNRISE FL 33313**

3. Date Incorporated or Qualified
03/29/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **5415 N. W. 102 AVE**

2a. Mailing Address
26 **P.O. Box 451305**

4. FEI Number
59-2274595

Applied For
Not Applicable

22 **Bay 206**

27 **- 0 -**

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

23 **SUNRISE, FL.**

28 **SUNRISE FL.**

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

24 **33351**

25 **BROWARD**

29 **33345**

30 **BROWARD**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES LITVIN
1108 SUNSET STRIP
SUNRISE FL 33313**

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 title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DVPS**
STREET ADDRESS **LITVIN, BRUCE**
CITY-ST-ZIP **18769 CLOUD LAKE CIRCLE**
BOCA RATON FL 33496

TITLE ☐ DELETE
NAME **DPT**
STREET ADDRESS **LITVIN, JAMES**
CITY-ST-ZIP **1110 SUSSEX DR, APT 1711**
NO LAUDERDALE 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DPT
LITVIN, JAMES
6609 N.W. 70TH AVE
TAMPA, FL 33621

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

JAMES LITVIN 04/15/96 954-748-6719

CR2E034 (12/95)