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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G56245

1. Corporation Name

DO-ALL AIRCONDITIONING INC.							À NACYNIA Brûn û nda r b ann û niên biê	T	ia a a ara o ara a	#18 17 618 11 H 8 1
Principal Place	of Business	Mailing Address				1	1 40 0 (4)(080) 01((0 0)(60 (1))(0)	a t b 141 b10 11 1	TALL MINTER MEDIT	EIEH GIBIT 1481
13455 SW 75TH COURT 13455 SW 75TH COURT MIAMI FL 33156 MIAMI FL 33156							DO NOT WRIT	E INI TUIC	SDACE	
						1	Date Incorporated or Qualifed	E IN THIS	SPACE	
					_	J.	08/19/1983			
Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number		<u> </u>	pplied For	
21		26				 -	59-2320088			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Desired	□ .	•	Additional equired	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
23		28								
Zip	Country	Zip	Coun	itry		8.	This corporation owes the curre	nt year Int		_
24 25 29			30	<u>, </u>		1	Personal Property Tax.		∐ Yes	□No
Name and Address of Current Registered Agent						10.	Name and Address of New R	egistered	Agent	
IEMS	SEN, JOHN D.		l'	81	Name					İ
13455 SW 75TH CT.			1	82 Street Addre			O. Box Number is Not Accepta	ble)		
MAN	,	83				·····				
			ļ	84 City FL 85 Zip Code					Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 				by t	the corporation	oration n's bo	submits this statement for the pard of directors. I hereby accept	ourpose of the appoi	changing its	s registered egistered
SIGNATURE	, , ,									
	Signature, typed or printed name of registered agent			\gent	l signature required			DATE	ID DIDECT	DDC IN 42
12.	OFFICERS AND DIRECTORS 13. PD			_	1		ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
TITLE	ELICEN TOTAL D								□ Onlange	[_] / Woldon
NAME	ACC AND WELL ACTION			1.2 NAME						
STREET ADDRESS	MIAMI FL				ADDRESS					ļ
CITY-ST-ZIP	ST ST			1.4 CITY-ST-ZIP 2.1 TITLE					Change	Addition
TITLE	ITMOTH TOTAL D									
NAME	AGASE ON TETH COURT			2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS										ĺ
CITY-ST-ZIP .			2.4 CIT 3.1 TITL		1-219				Change	Addition
NAME			3.2 NAM							_
STREET ADDRESS			1		ADDRESS					}
CITY-ST-ZIP			3.4. CIT		i					
TITLE			4.1 TITL						Change	☐ Addition
NAME			4.2 NA		ļ					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 CITY							1
TITLE			5.1 TITL				1 ** 11 * A * A * A * A * A * A * A * A		Change	Addition
NAME			5.2 NAM	Æ	Ì		·			
STREET ADDRESS			5.3 STR	EET	ADDRESS					Į
CITY-ST-ZIP			5.4 CITY	Y-ST	-ZIP					
TITLE		☐ DELETE	6.1 TITL	E.					☐ Change	Addition
NAME			6.2 NAM	Æ	1					ļ

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, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP