

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

APPROVED AND FILED

95 MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Stephanie B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H16843** (5)

A-ARTIC AIR CONDITIONING SYSTEMS, INC.

Previous Name: **None** Mailing Address:
491 NE 28TH ST **491 NE 28TH ST**
POMPANO BEACH FL 33064 **POMPANO BEACH FL 33064**

Do not write in this space

21	22	23	24	25	26	27	28	29	30
2. Principal Office (Mailing)		2a. Mailing Address		2b. Mailing Address		2c. Mailing Address		2d. Mailing Address	
3. Principal Office (Physical)		3a. Mailing Address		3b. Mailing Address		3c. Mailing Address		3d. Mailing Address	
4. State of Incorporation		4a. State of Incorporation		4b. State of Incorporation		4c. State of Incorporation		4d. State of Incorporation	
5. City or County		5a. City or County		5b. City or County		5c. City or County		5d. City or County	
6. Country		6a. Country		6b. Country		6c. Country		6d. Country	

3. Date Registered or Qualified	3a. Date of Last Report
08/16/1984	05/01/1994
4. FE Number	Applied For
59-2436001	<input type="checkbox"/> Not Applicable
5. Certificate of Status Disclosed	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for information under 25-199 (LAW, Florida Statutes) <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VINCENT, MICHAEL C.
491 NE 28TH ST
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (if C) Box Number or Post Office
B3	
B4	City
FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8) 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 licensed with and accept the obligations of Section 607.05(2) Florida Statutes.

SIGNATURE: _____ Title: _____

12. OFFICERS AND DIRECTORS

1. TITLE	P
2. NAME	VINCENT, STEPHANIE
3. STREET ADDRESS	701 NE 7TH STREET
4. CITY	POMPANO BEACH FL
5. TITLE	ST
6. NAME	VINCENT, MICHAEL TODD
7. STREET ADDRESS	701 NE 7TH ST.
8. CITY	POMPANO BEACH FL
9. TITLE	VP
10. NAME	VINCENT, MICHAEL CLEVE
11. STREET ADDRESS	701 NE 7TH STREET
12. CITY	POMPANO BEACH. FL

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY	

14. I hereby certify that the information supplied with this filing voluntarily prepared and does not qualify for the exemption stated in Section 607.05(2)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report(s), true and accurate and that my signature shall have the same legal effect as if made under oath. This is an affidavit of the director of the corporation or the person or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of changed or omitted information with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95 205/44/4048
 5/12/95