Apr 13, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H29181

1. Corporation Name

DEL RATON AIR CONDITIONING, INC.

	<u> </u>				#	I ULBIA BIBAL DIBIA	i ikiiki oloh lool
Principal Place	e of Business	Mailing Address					
381 NE 3RD AVE DELRAY BEACH FL 33444 381 NE 3RD AVE DELRAY BEACH FL 33444							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					11/09/1984		•
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-2458895	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22	•	27			5. Certificate of Status Desired	Fee R	equired
City & Stat	е	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year I		
24	25	1, 7, 1	30		Personal Property Tax.	⊉ Yes	□No
	9. Name and Address of Curren	nt Registered Agent		041 11	10. Name and Address of New Registere	a Agent	
MOE	DIC DICHARD D		[B1 Name	•		
Morris, Richard P. 19 Dixie Blvd.				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
DELRAY BEACH FL 33444			L				
DEL	TAT BEAUTITE 33444		[83	•		-
	•		-	84 City		85 Zip	Code
					F	_	- Indiana d
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute of Florida, Such change was au	s, the ab thorized	ove-named cor by the corpora	rporation submits this statement for the purpose clion's board of directors. I hereby accept the app	ointment as r	egistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statu	tes.			
SIGNATURE			-		ired when reinstatura) DATE		
40	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	13.	agent signature requi	ADDITIONS/CHANGES TO OFFICERS /	ND DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 TML	F .	ADDITIONS/OTANGES TO OTT GETTS /	Change	
	MORRIS, RICHARD P.		1.2 NAM			_ ,	
NAME:	19 DIXIE BLVD.			REET ADDRESS			
STREET ADDRESS	DELRAY BEACH FL			Y-ST-ZIP			
CITY-ST-ZIP TITLE	VST		1.4 GH	1-31-21	,		
	MORRIS, CAROL S.	□ DELETE	2 1 TITI	F		☐ Change	Addition
NAME	19 DIXIE BLVD.	☐ DELETE	2.1 TITL		<u> </u>	☐ Change	☐ Addition
STREET ADDRESS	. IS DIME DEID.	☐ DELETE	2.2 NAM	AE		☐ Change	☐ Addition
CITY-ST-ZIP ·	"DELBAY REACH, EL	DELÉTE	2.2 NAM 2.3 STR	ME REET ADDRESS		☐ Change	☐ Addition
IIILL	DELRAY BEACH-FL		2.2 NAN 2.3 STF 2. 4 CIT	MEET ADDRESS Y-ST-ZIP		☐ Change	
ALA LATE	-DELRAY BEACH-FL	☐ DELÉTE	2.2 NAM 2.3 STF 2. 4 CFT 3.1 TITU	ME REET ADDRESS Y-ST-ZIP F		<u>.</u>	
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STREET ADDRESS	DELRAY BEACH-FL		2.2 NAM 2.3 STF 2. 4 CTT 3.1 TITU 3.2 NAM 3.3 STF	AE REET ADDRESS Y-ST-ZIP- E REET ADDRESS		<u>.</u>	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH-FL	☐ DELETE	2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STF	ME WEET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP		☐ Change	Addition Addition
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change