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

POCUMENT # H48750

GROSSMANN AIR CONDITIONING, INC.

(4)		

FILED May 06 1997 8:00am Secretary of State



Principal Place of Business 2855 SE PERU ST. PORT ST.LUCIE FL 34994-6212 US		-	Mailing Address				31811 9191			
		BOX E-14	10206 SE LENNARD RD. BOX E-14 PT. ST. LUCIE FL 34952-6884 US							
						3. Date Incorporated or Qualified				
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number	· · · · · · · · · · · · · · · · · · ·		spplied For	
21		26				59-2522478		Ţ.	tot Applicable	
Sulte, Apt	#, etc.	Suite, Ap	t. #, etc.	·		5. Certificate of Status Desired			Additional Required	
City & State	0	City & Sta	nte			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip		Countr	у	8. This corporation has liability for it	ntangible tax	under	s. 199.032	
24	25	29	30			Florida Statutes	Yes 🔲 I	10		
	9. Name and Address of Curr	ent Registered Age	nt			10. Name and Address of New Re	gistered Age	ent		
GRO	SSMANN, JEFFREY V.			81	Name					
	S SE PERU STREET			82	Piconi Ade	dress (P.O. Box Number is Not Acceptab	10)		·	
	ST. LUCIE FL 34984			02	Siree Auc	orgas (r.o. box Number is Not Acceptan	10)			
				83	ş		_			
				84	City		p-1	85 ZIF	Code	
44 5		100 1007 1100 1			<u> </u>		FL	l	(4	
office or re	to the provisions of Sociions 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 507,1508, F ite of Florida Such c ligations of Section 6	iorida Statutes, ti hange was autho 307 0505, Florida	ne abov orized b otutel2	re-named cor by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of cr I the appoin	anging Iment a	ns registered s registered	
SIGNATURE						uired when reinstating)			***	
12.	Signature, typed or printed name of registered	AND DIRECTORS	(MOTE: Beg	13.	teur aiduainte teor	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND D	BEC1C	RS IN 12	
TOTLE	PID		DELETE	1.1 TOLE		ADDITIONS/OHANGEO TO OFFICE		Change		
NAME	GROSSMANN, JEFFREY	_	, becele	1.2 NAME			L	Unungo	g_ riscition	
	2855 SE PERO ST.				0014004.5					
STREET ADDRESS	PT. ST. LUCIE FL		l l		1 ADDRESS					
CITY-ST-ZIP TITLE	VSD	···	DELETE	14 CHY-	51-ZIP			Change	Addition	
	GROSSMAN, PAULA	L		2110LE			<u> </u>	Linango	L_J Addition	
NAME	2855 SE PERU STREET			2.2 NAME	T 1505445					
STREET ADDRESS	PT. ST. LUCIE FL				T ADDRESS					
CITY-ST-ZIP	FI. OI. LOUIS TE			2 4 Cily-	SI-7IP			Change	Addition	
TITLE		L.	J DECLIFE	3.1 TITLE			L.	, onange	ר"ו אממוומוו	
NAME			Ī	3.2 NAME						
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP			DELFTE	3.4. CDY-	ST-ZIP			Change	Addition	
TITLE		L.		4.1 T(TLF				, onange	C_1 ADORION	
NAME			Ţ	4. 2 NAME	- 1					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP			DELETE	4.4.CITY	\$1 - 7/P			Chance	1.4351	
TITLE		L_	DITTE	5.11IILE	-		L] Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS			ŧ		1 ADDRESS					
CITY-ST-ZIP			Lorenza	54ICITY-	ST - 7+P				F14.000	
TITLE		L.	DELFTE	6.1 TITLE			L.	J Change	Addition	
NAME			Į.	6.2 NAME						
STREET ADDRESS			Į.	6.3 STREE	1 ADDRESS					
CITY-ST-ZIP		- 100 mg* 007-311-		6.4 CITY	\$1-7IP					

I do 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 armual 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.