PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

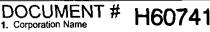
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90102 017 ***150.00

n karindik dikir dikik deliki kerik dileh dileh kirik didik dilek dilek direk dilek dilek dilek dilek dilek di



PROFESSIONAL AIR CONDITIONING, INC.

											:					
Principal Place of Business Mailing Address												Bidit Bidti bi	P11 @+B11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3601 BLUE HERRON BLVD RIVIERA BEACH FL				P.O. BOX 10598 RIVIERA BCH FL 33419							DO NOT WRITE IN THIS SPACE					
											3. Date Incorporated or Qualified					
											06/03/1985					l
Ļ	Defendant Di	and of Busin		2a. Mailing Address							4. FEI Number Applied For					
2. Principal Place of Business											59-2535131	ŀ	\rightarrow \cdot	t Applic		
21					Suite, Apt. #, etc.						<u> </u>	, ea				ĺ
22	Suite, Apt. #, etc.				Some, Apr. #, etc.					}	5. Certificate of Status Desired \$8.75 Additional Fee Required					
\vdash	City & State				City & State						6. Election Campaign Financing	\$	5.00	May Bo	ě	ı
23	23				28						Trust Fund Contribution	<u> </u>	dded '	o Fees		ı
	Zip		Country		Zip		Cou	intry			8. This corporation owes the current year	ar	_	,		
24		25			29 30						Intangible Personal Property. Yes No					ı
		9. Name	and Address of Current	10. Name and Address of New Registe	red Agent				l							
OFFINAL DAVID									Name							i
PERNINI, DAVID								82 Street Addr			dress (P.O. Box Number is Not Acceptable)					
8762 155 RD N								-				_				
PALM BEACH GARDENS FL 33418								83							٠. ا	
								-				lo-	7:0	Code		l
								84	City			FL 85	Zip (Joue.		l
11	I. Pursuant	to the provis	sions of sections 607,0502	and 60	orporat	ion submits this statement for the purpose	of changing	j its re	gistered	1 .	l					
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 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 app agent. I am familiar with, and accept the obligations of; section 607.0505, Florida Statutes.													t as re	gistered	į	l
	-	ım ıamıllar v	vitn, and accept the opligati	ons oi	, section	007.0000, FR	niua Sia	iuios							ļ	ĺ
S	IGNATURE .	Signature, typed	or printed name of registered agent a	ind title if	soplicable.	(NC	TE: Registe	ered A	gent signatur	re require	d when reinstating) DA	TE.			- [1
12			OFFICERS AND				13.				ADDITIONS/CHANGES TO OFFICER	S AND DIF	ECTO	RS IN	12	Į
TIT	LE ,	Р				DELETE	1.1 Ti	TLE			——————————————————————————————————————		hange	☐ Ad	dition	Ä
NA	ME	PERNIN	, DAVID		_		1.2 N	AME	-							5
STREET ADDRESS 8762 155 RD N						1.3 \$1	1.3 STREET ADDRESS								וַנָּין	
CITY-ST-ZIP PALM BEACH GARDENS FL 33			418			1.4 Ci	1.4 City-st-zip								Ì	
TIT	+	V	<u> </u>			DELETE	2.1 TI					CI	hange	Ad	ldition	1
NA		LECLAIR	R, DONNA				2.2 N	AME							-	
STREET ADDRESS 8762 155 RD N						2.3 ST	2.3 STREET ADDRESS							ļ	Í	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418							2.4 C	2.4 CITY-ST-ZIP							J	
TIT						DELETE	3.1 TI					CI	hange	☐ Ad	dition	
NA	ME I				-		3.2 N	AME					-	_		
STREET ADDRESS							REET	TADDRESS								
CITY-ST-ZIP							1	ITY-ST	ì						Ì	
TITLE					Г	DELETE	4.1 TI						Change Addition			
NAME				C DECEIL				4.2 NAME						۰۰۰ ب		ĺ
									ADDRESS							
STREET ADDRESS CITY-ST-ZIP							4.3 STREET ADDRESS							Į	į	
CIT	て-51-21ピ						4.4 (11.49	*ZIF							ı

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 adachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

PERNINI 7/8/94 561-5758935

Change Addition

Addition

Change