FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT STATE

Sandra B. Mort

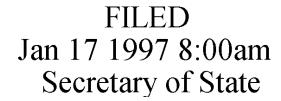
Secretary of Sta DIVISION OF CORPOR IONS

1997

DOCUMENT # H90882

(2)

A-1 AIR CONDITIONER AND APPLIANCE SERVICE, INC.





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Principal Plac		Mailing Address 168 Bilbao Street Royal PLM Beach Fl 33411-1342							
168 BILBAO S' ROYAL PLM B	Treet Each Fl 33411								
						Date Incorporated or Qualifie 12/19/1985		Date of Last F 5/01/1996	Report
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number Applied Fo			pplied For ot Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.			00 0000200			Additional	
22		27				5. Certificate of Status Desired			Required
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be			
23	28					Trust Fund Contribution			to Fees
Ζιρ	Country	Zip	Cou	ntry		8. This corporation has liability f			s. 199.032,
24	25)	[29]	30			Florida Statutes	Yes		
	9. Name and Address of Currer	nt Hegistered Agent		81	Name	10. Name and Address of New	Hegistere	a Agent	
	BROSIO, DION			81	name				
	BILBAO STREET /AL PLM BEACH FL 33411		82	Street Addr	el Address (P.O. Box Number is Not Acceptable)				
				83					
				84	City		F	85 Zip	Code
office or r agent I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida, Such change was	authorized	d by	the corporati	ooration submits this statement for th ion's board of directors. I hereby ac	e purpose cept the a	of changing ppointment as	its registered s registered
SIGNATURE	Signature, specifier printed transcott registered ag-	ent and title if appreable (NO	TE: Registered	1 Ager	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	AMBROGIO, DION		1 1 Til	1 1 TITLE 1.2 NAME				☐ Change	☐ Addition
NAME			1.2 NA						Į.
STREET ADDRESS			1.3 ST	REE1 A	ADDRESS				I
CITY - ST - ZIP			1.4 00	1Y - S1	- ZIP				
FITLE	AMBROGIO, DION 168 BILBAO STREET ROYAL PLM BEACH FL 22 23 24 25 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28		2.1 1/1	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
NAME			2.2 NA						1
STREET ADDRESS			2.3 ST						1
CITY-ST-ZIP			2. 4 CI						
TITLE			3.1 T(1					☐ Change	Addition
NAME			3.2 NA	ME	Ì				
STREET ADDRESS			3.3 ST	REET /	address				
CITY-ST-ZIP			3.4. Ci	<u>TY</u> - S1	T-ZIP	<u> </u>			
TITLE		DELETE 4.		LE	-			Change	☐ Addition
NAME			4.2 N	AME)				
STREET ADDRESS			4.3 ST	REET	ADORESS				
CITY-ST-ZIP			4.4 0	1Y-ST	I-ZIP				
TITLE		DELETE	5.1 T	l,E				Change	Addition
NAME			52N	ME					
STREET ADDRESS			5.3 \$1	REET A	ADORESS				(
CITY-ST-ZIP			5.4 CI	<u>1Y-S</u> 1	T-21P				
TITLE		DELETE	6.1 TO	TLE				Change	Addition
NAME			6.2 NA	AME					
STREET ADDRESS			6.3 \$1	AEET A	address				
CITY-ST-ZIP			6 4 CF	TY-ST	- ZIP				

14. 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 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

SIGNATURE: