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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

J66416 **DOCUMENT #**

(5)

DOMESTIC AIR CONDITIONING, INC.											
Principal Place o	of Business	М	ailing Address								
1501 DECKER AVENUE #316 1501 DECKER AVENUE P.O. BOX 2986 P.O. BOX 2986 STUART FL 34995 STUART FL 34995											
SIUARI FL S	4500		OTORINI PE 94999				3. Date Incorporated or Qualified 04/02/1987	1	of Last Repo 5/01/1995		
2. Principal Place	ce of Business	2a 26	, Mailing Address				4. FEI Number 59-2808624		<u> </u>	lied For Applicable	
Suite, Apt. #, etc. 2 City & State			Suite, Apt. #, etc.	tc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
			City & State				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Ζφ	Country 25	28	Zıçı	Count	ry	~		No.		9.032,	
24	9. Name and Address of Curren		stered Agent	1221			10. Name and Address of New R	egistered .	Agent		
				8	1 Nam	e					
RECH, WILLIAM G., JR.					2 Stree	et Addre	ess (P.O. Box Number is Not Acceptab	de)			
	1501 DECKER AVENUE #316										
	. STYPMANN BLVD.			1	3						
	FL 34994			-	4 City				85 Zip C	Code	
				1	'			<u> </u>	.		
or register familiar wit	ed agent, or both, in the State of Flor h, and accept the obligations of Sec Strington, typed or profed name of registerior agen	ida Su ition 60	on change was antiforia 7.0505, Florida Statute:	s	n pionation	12 0000	ation submits this statement for the pure differences. I hereby accept the approximation of the statement of the second statem	DATE		· · -	
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFF				
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STREET ADDRESS	800 S.E. STYPMANN BLVD			1.3 STF	SEL ADORES	is l					
CITY-ST ZIP	STUART FL				r-ST-ZIP				Change	Addition	
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NAME	RECH, WILLIAM G., JR.			2.2 NA							
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CITY - ST - ZIP					TY-SI-ZIP						
COLUMN TO SERVE	1						to the expension stated in Contino 11	ロロフバンバム じ	Jarida Statuta	c Iturtoor	

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of the corporation or the poeiver 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 or) an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME of SIGNING OFFICER OR DIRECTOR.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME of SIGNING OFFICER OR DIRECTOR.

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