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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # K17787



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90017 028 ***150.00

AROUND THE CLOCK A/C SERVICE, INC.								
ANODIAD THE CLOCK AG SERVICE, INC.						L FORGERFOL BOLLOPPÍ TÖDGIR HODGE HODEL TÖĞL ÖLÜN		lien eien iee
Principal Place of Business Mailing Address						T I I I I I I I I I I I I I I I I I I I	 	11 B11 B18 H1 18 B1
% STEVEN CARTIER % STEVEN CARTIER								
5337 NOB HILL		5337 NOB HILL ROAD SUNRISE FL 33351				DO NOT WRITE IN THIS SPACE		
SUNRISE FL 33351		SUNNISE PL 33331		3. Date Incorporated or Qualifed				
			•			03/11/1988		
2. Principal Place of Business 2a. Mailing Address					_	4. FEI Number	Ap	plied For
1					_	65-0038022		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27				ļ		equired
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	,
Zip Country		Zip Country		-	This corporation owes the current year Inter		10 1 663	
一 ·	_ ·	25 29 30				·	igibie ∐Yes	MNo
24	9. Name and Address of Current Registered Agent		1901			10. Name and Address of New Registered A	gent	
					Name	· · · · · · · · · · · · · · · · · · ·		Ì
CARTIER, STEVEN			-	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
C/O AROUND THE CLOCK A/C SERVICE, INC.								
5337 NOB HILL ROAD				83				
SUNRISE FL 33351			ł	84 City		85 Zip	Code	
						FL		, , , , , , , , , , , , , , , , , , ,
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida. Such change was a	tes, the at outhorized	ove by t	i-named corpo the corporation	oration submits this statement for the purpose of clor's board of directors. I hereby accept the appoint	nanging its ment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statu	tes.		·		7.2
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTI	: Registered	Agent	t signature required	d when reinstating) DATE		/ /
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND		ORS IN/12
TITLE	,DV	☐ DELETE 1.1 T		LE			Change	
NAME	or action, or example		1.2 NA	ME				-
\$TREET ADDRESS			1.3 STF	REET	ADDRESS			
CITY-ST-ZIP			1.4 CIT		-ZIP		Ch-nac	Addition
TITLE			2.1 TT				☐ Change	☐ Modition
NAME	- Little of City		2.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			2.4 C/I		I-ZIP	<u> </u>	Change	Addition
TITLE NAME			3.2 NA			`		_
STREET ADDRESS					ADDRESS	·		-
CITY-ST-ZIP			- F	3.4. CITY-ST-ZIP				Ì
TITLE				4.1 TITLE			☐ Change	☐ Addition
NAME	4.3		4.2 NA	4.2 NAME				{
STREET ADDRESS	43		4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4,4 CIT	Y-ST	r-ZIP			
TITLE				5.1 TITLE		·	Change	☐ Addition
NAME			5.2 NA					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1		ADDRESS			
CITY-ST-ZIP	<u> </u>			5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition
TITLE			6.2 NA					L. Addition
Toronto.					ADDRESS			
STREET ADDRESS			V.U.U.I					- 1

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS