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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 15 1998 8:00am Secretary of State

DOCUI 1. Corporation TRINCA	MENT # K6683 A AIR CONDITIONING, INC.	1 (4)					
Principal Place of Business 1501 SE DECKER AVE. UNIT 420 STUART FL 34994		Mailing Address 1501 SE DECKER AVE. UNIT 420 STUART FL 34994		,	DO NOT WRITE IN THIS SPACE		
U\$		US			3. Date Incorporated or Qualified 02/20/1989		
2. Principal Place of Business		2a. Mailing Address	-¬		4. FEI Number 65-0104315	<u> </u>	pplied For
21 Suite, Apt. #, etc		Suite, Apt. #, etc.					ot Applicable Additional
22		27]			5. Certificate of Status Desired		equired
City & State		City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu		
24	25	29	30		Personal Property Tax due June 30.	Yes [□ No
HIC	9. Name and Address of Currer BEE, R. ALAN	it Registered Agent	8	1 Name	10. Name and Address of New Registered	Agent	
501	I EAST KENNEDY BLVD. MPA FL 33602		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	85 Zip	Code
SIGNATURE	to the provisions of Soctions 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation of the state of the obligation of	uit and tote if applicable (NO			poration submits this statement for the purpose of the purpose of the second of directors. I hereby accept the appared when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	DELETE 1			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME	GARRETT, GARY R						
STREET ADDRESS	3628 S. E. LOWER ST STUART FL			ET ADDRESS			
CITY-ST-ZIP	-ST	DELETE	1.4 CITY-			Change	Addition
NAME	GARRETT, SUZANNE	. 22					
STREET ADDRESS	3628 S. E. LOWER ST STUART FL			ET ADDRESS			
CITY-ST-ZIP TITLE	STUART FL	DELETE	2. 4 CITY 3.1 TITLE			Change	Addition
NAME		DECEME	3.1 MILE 3.2 NAME			- Criange	Addition
STREET ADDRESS		3		ET ADDRESS			1
CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ DELETE 4.1				L Change	Addition
NAME ADDRESS			4. 2 NAM	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	01-24		Change	☐ Addition
NAME			5.2 NAME			-	
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CiTY-	ST - ZIP			
TITLE		☐ DE LE TE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	1			
STREET ADDRESS			1	T ADDRESS			
CITY-\$1-ZIP	Artify that the information supplied w	ith this filing does not qualify t	or the even		Section 119 07(3Vi) Florida Statutas I further or	artify that the	information

Thereby 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 of 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 in an attachment with an address.

SIGNATURE: