

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L05604 (8)

1. Corporation Name
SHAMROCK AIR CONDITIONING, INC.

Principal Place of Business

3119 LAKE WORTH RD
LAKE WORTH FL 33461
US

Mailing Address

3119 LAKE WORTH RD
LAKE WORTH FL 33461-3633
US



2. Principal Place of Business	2a. Mailing Address
21 1122 S. CONGRESS AVE.	26 1122 S. CONGRESS AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
W. P. BCH. FLA	W. P. BCH. FLA
24 Zip	29 Zip
33406	33406
25 Country	30 Country
U.S.A.	U.S.A.

3. Date Incorporated or Qualified 07/31/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0128555	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JOYNER, CHRISTOPHER SR.
3570 LIBBY COURT
W PALM BCH FL 33408

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 changing its registered 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 appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  CHRISTOPHER JOYNER SR.

8-17-97

Signature and printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JOYNER, CHRISTOPHER SR	
STREET ADDRESS	3570 LIBBY CT	
CITY- ST- ZIP	WEST PALM BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOYNER, KELLI A.	
STREET ADDRESS	3570 LIBBY CT.	
CITY- ST- ZIP	WEST PALM BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOYNER, KELLI A.	
STREET ADDRESS	3570 LIBBY CT.	
CITY- ST- ZIP	WEST PALM BCH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WAITE, MICHAEL A.	
STREET ADDRESS	6185 ARCADE CT.	
CITY- ST- ZIP	LAKEWORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOYNER, KELLI A.	
1.3 STREET ADDRESS	3570 LIBBY CT.	
1.4 CITY- ST- ZIP	W. P. BCH. FL. 33406	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- 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 13 if changed, or on an attachment with an address.

SIGNATURE  CHRISTOPHER JOYNER SR.

8-17-97

561-433-2906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0328360

CR2E034 (9/96)