

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L80073 (4)

1. Corporation Name

AL VIN AIR CONDITIONING AND REFRIGERATION SERVICE, INC.

Principal Place of Business

4181 COCONUT BLVD  
WEST PALM BEACH FL 33411

Mailing Address

962 NORTHLAKE BLVD.  
178  
LAKE PARK FL 33403  
US



2. Principal Place of Business

2a. Mailing Address

21 933 Eucalyptus Rd

26 933 Eucalyptus Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 North Palm Beach, FL

28 North Palm Beach, FL

24 Zip

25 Country

29 Zip

30 Country

33 408

USA

33 408

USA

9. Name and Address of Current Registered Agent

GASPARI, DAVID M.  
1555 PALM BEACH LAKES BLVD  
SUITE 1600  
WEST PALM BEACH FL 33402-2089

3. Date Incorporated or Qualified

06/11/1990

3a. Date of Last Report

05/23/1995

4. FEI Number

65-0255631

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Allen Padilla

82 Street Address (P.O. Box Number is Not Acceptable)

933 Eucalyptus Rd

83

84 City

North Palm Beach

FL

85 Zip Code

33408

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

Allen Padilla

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

(NOTE: Registered Agent signature required when reinstating)

8/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME PADILLA, ALLEN  
STREET ADDRESS 933 EUCALYPTUS RD  
CITY-ST-ZIP NORTH PALM BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Pres. Treas.

1.2 NAME

Allen Padilla

1.3 STREET ADDRESS

933 Eucalyptus Rd

1.4 CITY-ST-ZIP

North Palm Beach, FL 33408

☒ Change

☐ Addition

2.1 TITLE

V. Pres. Sec.

2.2 NAME

Sharon Lybass Padilla

2.3 STREET ADDRESS

933 Eucalyptus Rd

2.4 CITY-ST-ZIP

North Palm Beach, FL 33408

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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 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:

Allen Padilla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (407) 775-7158

DATE

Daytime Phone

CR2E034 (12/95)