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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

L80073

(4)

| AL VIN AIR CONDITIONING AND REFRIGERATION SERVIC E, INC. | | | | | | | | | | |
|--|------------------|---------------------------|----------------------------|--------------------------|------------------------------|------------------|--|------------------|--------------------|--------------|
| Principal Plac | ce of Busines | s | Mailing | Address | | | | a tili Bibli Al, | DH DIDN BIBN DID | d widsa ewel |
| 962 NORTHLAKE BLVD. 962 NORTHLAKE BLVD | | | | | | | | | | |
| #178 #178 | | | | | | | | | | |
| LAKE PARK US | FL 334 03 | | | LAKE PARK FL 33403 US | | | DO NOT WRITE IN THIS SPACE | | | |
| 03 | | | 03 | | | | 3. Date Incorporated or Qualified 06/11/1990 | | | |
| 2. Principal f | Place of Busin |)ess | 2a. Mai | 2a. Mailing Address | | | 4. FEI Number | | Ар | plied For |
| 21 | | | 26 | · | | | 65-0255631 | ~ | | t Applicable |
| Suite, Apt. #, etc. | | | <u></u> ⊢₁ | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 A Fee Re | |
| City & Sta | 1e | | | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | | 28 | 28 | | | Trust Fund Contribution | | | |
| Zip | | Country | Zip | | Country | | 8. This corporation owes or has | paid the c | urrent year Inta | angible |
| 24 | | 25 | 29 | | 30 | | Personal Property Tax due Ju | | |] No |
| g, Name and Address of Current Registered Agent | | | | | | | 10. Name and Address of New Registered Agent | | | |
| ALLEN PADILLA 81 Name | | | | | | | llen Padella | | | |
| 933 EUCALYPTUS RD | | | | | 82 S | treet Addre | ss (P.O. Box Number is Not Accep | table) | | |
| SUITE 1600 | | | | | 83 | 262 | Overwor Dr. | | | |
| N. PALM BEACH FL 33408 | | | | | | | _ | | | 1 |
| | | | | | | Nort | hPalm Beach | FI | 85 ZpC | 988 |
| 11. Pursuant | to the provis | ions of Sections 60 | 07.0502 and 607.15 | 508, Florida Statu | tes, the above-na | med corpo | ration submits this statement for the on's board of directors. I hereby acc | e purpose | of changing its | s registered |
| agent. I a | am familiar w | in I may to grant the | obligations of So | 1007.0505, F | lorida Statutes. | Corporatio | are board of directors. I horoby acc | (6) | Jean . | registered |
| SIGNATURE | Signal | or printed name of regist | erco agend and the if appl | | 16 : Registered Agent sig | gnatute required | d when remistating) | T/30 DATE | 78 | |
| 12. | | OFFICE | IS AND DIRECTOR | | 13. | -10 | ADDITIONS/CHANGES TO OF | FICERS AN | | |
| TITLE | PT | A, ALLEN | | DELETE | 1,1 1(TLE | 15, | 52 P (11 | | Change | Addition |
| NAME | | CALYPTUS RD | | | 1.2 NAME | 11/2 | llen radilla. | | | - |
| STREET ADDRESS | | PALM BEACH F | :1 | | 1.3 STREET ADD | NY C | 52 Overlook Ur | <i>E</i> -1 | 27/68 | . |
| CITY-ST-ZIP | HORITI | FACIN DEAOUT | | DELETE | 1.4 CITY-ST-76 | _ttor | th laim beach | , | 03708 | Addition |
| TITLE | 1 | | | ☐ DELETE | 2.1 TITLE | 1 | • | | crange | Addition |
| NAME OTREET ADDRESS | | | | | 2.2 NAME | nere | | | | |
| STREET ADDRESS | l | | | | 2.3 STREET ADD | - 1 | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | 2. 4 CiTY-ST-Zi 3.1 TiTLE | r | * | | Change | Addition |
| NAME | 1 | | | | 3.2 NAME | - | | | - Onlingo | |
| STREET ADDRESS | 1 | | | | 3.3 STREET ADD | RESS | | | | |
| CITY-ST-ZIP | | | | | 3.4. CITY-ST-ZI | 1 | | | | Į |
| TITLE | | | | DELETE | 4.1 TITLE | | · · · · · · · · · · · · · · · · · · · | | Change | Addition |
| NAME | | | | | 4. 2 NAME | | | | | _ |
| STREET ADDRESS | 1 | | | | 4.3 STREET ADD | RESS | | | | ł |
| CITY-ST-ZIP | ! _ | | | | 4.4 CITY-ST-ZIF | | | | | 1 |
| TITLE | | | | DELETE | 5.1 TITLE | | · · · · · · · · · · · · · · · · · · · | | ☐ Change | Addition |
| NAME | | | | | 5.2 NAME | | | | | |
| STREET ADDRESS | 1 | | | | 5.3 STREET ADD | RESS | | | | |
| CITY-ST-ZIP | <u> </u> | | | | 5.4 CITY- ST - ZIF | · | | | | |
| TITLE | | | | DELETE | 6.1 TITLE | | | | Change | ☐ Addition |
| NAME | 1 | | | | 6.2 NAME | Í | | | | ĺ |
| STREET ADDRESS | | | | | 6.3 STREET ADDI | RESS | | | | |
| 0474 67 7:0 | 1 | | | | | . 1 | | | | , |

14. 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 angual 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 controllion or the recover in trustice ampowered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in Block 13 if many 13 my an ayacching it plagress.