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

DOCUMENT # E.R. AIR CONDITIONING, INC. (4)

FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								- I nomiponi iti bibet statu inant ibibil tetr	BIBIT BEBİL BEBİL BABİL B	11011 61911 1961	
4051 S.W. 47TH AVE. 4051 SW 47TH AVENUE											
STE. #10		105	105 DAVIE FL 33314				DO NOT WRITE IN THIS SPACE				
DAVIE FL 33314 DAVIE								3. Date Incorporated or Qualified			
								11/18/1986			
2. Princip	at Place of Busin	ess	2a. Mailing	2a. Mailing Address				4. FEI Number		Applied For	
21			26	26				59-2815567	F	Not Applicable	
	Apt. #, etc.		Suite, Apl. #, etc.						5 Additional		
22			27					5. Certificate of Status Desired	Fee	Required	
City & Stato			City & \$	Cily & State				6. Election Campaign Financing		May Be	
23		28					Trust Fund Contribution				
Zip	Country		F==1 ·	Zip Cou		intry		8. This corporation owes or has paid the current year Inlang			
24	24 25 9. Name and Address of Curren			29 30			***************************************	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
							81 Name				
1502 CHINCET DONE											
CORAL GABLES FL 33143						82	Street Addre	ess (P.O. Box Number is Not Acceptable	1)		
	OOI OIL OILDE	.01200140				83		·			
-€,											
						84	City		FL 85 71	p Code	
11. Pursu	ant to the provise	ons of Sections 607.0	502 and 607.1508,	Florida Statu	tes, the at	ll bove	-named corp	oration submits this statement for the pu	roose of changing	j its registered	
• • • • • • • • • • • • • • • • • • •	or registered ago	ont, o r both, in the Sia In, and accept the ob	ate of Horida, Such ligations of, Section	change was 5607.0505 El	authorize Iorida Stat	d by tutes	the corporati	on's board of directors. I hereby accept	the appointment a	as registered	
		n, and doop, the or	ngration of vocation	1 607 .0000, 7	onde ou	inco	•				
SIGNATU	Signature, typied i	or printed name of rigisterics	ages Land liter if applicabl	e : <u>—</u> (NO	II. Brgistere	d Age	ot signature require	ed wherereinstating)	DATE		
12.		OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	PD	FILAFALE		DELETE	111	1LF			☐ Change	e 🔲 Addition 📙	
NAME					1.2 N	\MI	1			1	
DEMODE		180TH AVE.				REF1.	ADDRLSS				
CITY-ST-ZIP	PEMBRO	KE PINES FL				14-S1	1-7IP				
TIFLE				DELETE	2.130		İ		Change	e L.] Addition	
NAME	İ				2 2 N		ł			}	
STREET ADDRI	FSS						ADORESS				
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TITLE				-1 bereit	3111					YOUR NORMAL	
NAME CARCET About					32 N		Acupar de			{	
STREET ADDR	155						ADDRESS			Ì	
CITY-ST-7IP				DELETE	3.4. C 4.1 TJ		1 · Zil'		Change	e Addition	
NAME				L.J PECETE	4.1 II 4. 2 N				L Onange	· L Monton	
	100				- E		#nontée			ł	
STREET ADDRI	133						ADDRESS				
CITY-ST-ZIP				DELETE	4.4 CI 5.1 TC		711		Change	e Addition	
NAME					5.2 N/				e.ango		
STREET ADDRE	200				- 8		ADDRESS			1	
CITY-ST-ZIP					5.4 CF						
TITLE				DELETE	6170		- 241		Change	e Addition	
NAME	•		·		62 N/			10000242* -02/09/9801034	jeji "	00	
STREET ADDR	ESS				1		ADDRESS	-U270979801034	1032	45 12	
CITY-ST-ZIP			64 CH			ſ	***150,00		ν^{ν}		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplience all 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.