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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT •

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

99 HAR 19 AM 9: 25

TALLANA CON LUMBA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M89580

1. Corporation Name

Principal Place of Business

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

T & D Air Conditioning, Inc.

4701 S.W. 45th Street

DAvie, Fla. 33314

2.	Principal Place of Business	2a.	Mailing Address			
1		26				
	Suite, Apt. #, etc		Suite, Apt. #, etc.			
2		27				
	City & State		City & State			
3		28		•		
_	Zip Country		Zip		Country	
4	25	29		30		
O. Nome and Address of Current Deviatored Apont						

Dean Dic	iaula	a
841 N.W.	9th	Avenue
Dania,Fl	a.	33004

3. Date incurporated or Qualifed. 7/5/88

4. FET Number 65~0060138

5. Certificate of Status Desired

\$8.75 Additional Fee Required \$5.00 May Be

Applied For

Not Applicable

6. Election Campaign Emancing Trust Fund Contribution 8. This corporation owes the current year Intangible

Added to Fees

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I. I. Charge

[] Change

[] Change

[| Change

[[Addition

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[] Addition

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□ LAddition

Personal Property Tax [] Yes

10. Name and Address of New Registered Agent

81 Name Street Address (P.O. Box AND STORM 23923---1 82 -03/30/99 - -01066 --018 | 83 ****150.00 ****150.00 84 City 85 Zip Code

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's ubmits 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

13.

1.1 THILE

12 NAME

Signature, typed or prioted name of registered agent and title 1 applicable (NÖTE: Registered Agent signature require twhere reconstitution 12. OFFICERS AND DIRECTORS [| DELETE TITLE President NAME Theodore R. Gull STREET ADORESS 1425 N.W. 10th St. Dania, Fla. 33004 Apt. 4 CITY-ST-ZIP CIDELETE TITLE Vice President NAME Dean Diciaula STREET ADDRESS 841 N.W. 9th Avenue Dania, Fla. 33004 CITY-ST-ZIP (DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE

S STREET ADORESS 14 C/1Y-ST ZIF 2.1 Table 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-S1.200

3.1 Tell F 3.2 NAME 3.3 STREET ADDRESS 34 City-St-Zi²

4.1 THE 4 2 NAME 4.3.57REELADORUS 4.4 Cith -57, 7(6) 5.1 Till F 5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - 7(P) 6 TITLE 6.2 NAME

[| Change [| Addition

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Indicated on this annual report or supplied with this frequency for the exemption stated in Section 1.19 of 1.5(t), Francis Statetes Thirther coding that the indicated on this annual report or suppliemental 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 regeiver 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 appear with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF IS OFFICER OR DIRECTOR

[] DECETE

[| DECETE

3-16-69 854-922-2010

CR2E034 (11/98)