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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

M89929

ADDOTTA AIR CONDITIONING AND APPLIANCE SERVICE, INC.

550 BUSINESS PKWY. ROYAL PALM BOH, FL 33411

Principal Place of Business

Mailing Address

550 BUSINESS PKWY.

ROYAL PALM BCH, FL 33411

FILED Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.	olicable onal	
21 26 65-0063475 Not Apr. Suite, Apt. #, etc. 5 Certificate of Status Desired \$8.75 Additional Control of Status Desired \$8.75 Additional Control of Status Desired \$1.75 Additional Control of Statu	olicable onal	
Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Status Desired \$8.75 Additional of Status Desired Sta	onai	
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	E Contitionto of Status Desiran	
22 27 27 27		
City & State City & State 5. Election Campaign Financing \$5.00 May Be		
28 Trust Fund Contribution Added to Fees		
Zip Country Zip Country 8. This corporation owes or has paid the current year Intang	ole	
24 25 29 30 Personal Property Tax due June 30. Yes N		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name		
ADDOTA, SALVATORE JUSEPH		
11191 - 52ND RD., N. 82 Street Address (P.O. Box Number is Not Acceptable)		
ROYAL PALM BCH. FL 33411		
83		
84 City 85 Zip Cod		
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 re	istered	
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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
	Addition	
TITLE NAME ADDOTTA, SALVATORE J. STREET ADDRESS CITY-ST-ZIP NAME ADDOTTA, SALVATORE J. 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP NAME ADDOTTA, LORI LYNN STREET ADDRESS CITY-ST-ZIP ADDOTTA, LORI LYNN STREET ADDRESS CITY-ST-ZIP MARGATE FL DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.1 91 Sand RD LOGTA ADDOTTA, LORI LYNN 22 NAME ADDOTTA, LORI LYNN 22 NAME ADDOTTA, LORI LYNN STREET ADDRESS CITY-ST-ZIP MARGATE FL DELETE 3.1 TITLE DELETE 1.1 TITLE 1.2 NAME ADDOTTA, LORI LYNN 2.3 STREET ADDRESS 1.4 CITY-ST-ZIP ADDOTTA, LORI LYNN 2.4 CITY-ST-ZIP ADDOTTA, LORI LYNN CITY-ST-ZIP CONAME ADDOTTA ADDOTT		
STREET ADDRESS 5765 NW 27TH ST. 1.3 STREET ADDRESS 1/19/ 52nd RD WOFTE		
CITY-SI-ZIP MARGATE FL 14CITY-SI-ZIP ROYAL Palm Beach F/ 339	///	
TITLE ST DELETE 21 TITLE CT	Addition	
NAME ADDOTTA, LORI LYNN 22 NAME ADPOTTEL, LONI LYNN		
STREET ADDRESS 5765 NW 27TH ST. 2.3 STREET ADDRESS 1/191 52 NO RO WOTTH		
STREET ADDRESS 7/65 NW 2/11 ST. CITY-ST-71P MARGATE FL 2.3 STREET ADDRESS 7/7 G/ 3 & NO RO SCOTT 3 39	//	
CITY-ST-ZIP MARGALE PL 2.4 CITY-ST-ZIP ROYC PAIM MARGALE PL TITLE DELETE 31 TITLE Change	Addition	
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NAME 4.2 NAME	•	
STREET ADDRESS 43 STREET ADDRESS		
CITY-ST-ZIP 4.4 CITY-ST-ZIP		
TITLE DELETE 5.1 TITLE Change	Addition	
NAME 52 NAME		
STREET ADDRESS 53 STREET ADDRESS		
CITY-ST-ZIP 5.4[D)TY-ST-ZIP		
	Addition	
NAME 62 NAME		
STREET ADDRESS 63 STREET ADDRESS		
CITY-ST-ZIP 64 ITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the certify that the information supplied with this filing does not qualify for the certify that the information supplied with this filing does not qualify for the certify that the information supplied with this filing does not qualify for the certify that the information supplied with this filing does not qualify for the certify that the information supplied with this filing does not qualify for the certification of the	mation	

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 at officer or director of the corporation or the receiver or trustee empowered to execut 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.