1 144	NOW, FILING FEE A		Ψυσυιου	
4 COF ANNU	PROFIT RPORATION JAL REPORT 1999	FLORIDA DEPART Katherin Secretary DIVISION OF CO	e Harris of State	99 JAN 28 PM 3: 23
DOCUMENT # M89929 1. Corporation Name				33 OKR 20 111 3. 20
1. Corporation Name VIO9929				SECRETARY OF STATE
ADDOTTA AIR CONDITIONING AND APPLIANCE SERVICE,				TALLAHASSEE, FLORIDA
INC.				E ABRIONAL FOI I DEAD TOMA COME ANDIO 1911 BIEN DIGHT GLON OLDNI DIGHT BIEN DIGHT FOR I
The state of the s				
Principal Plac		Mailing Address		. 100.040.100. (Bute deuts soule traffe der 2001) Auf bit fill seift fellt folle
550 BUSINESS PKWY. 550 BUSINESS PKWY. #8				
ROYAL PALM BCH. FL 33411 ROYAL PALM BCH. FL 33411				DO NOT WRITE IN THIS SPACE
US US				3. Date Incorporated or Qualifed
2. Principal Place of Business 2a. Mailing Address				07/18/1988 4. FEI Number Applied For
21	26			65-0063475 Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			5 Certificate of Status Desired 3 \$8.75 Additional
City & Stat	A	27 City & Ctots		Y Fee Required
23	c	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owns the current year Intangible
24	25	29 3	o]	Personal Property Tax. 🔲 Yes 🗆 No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name				
ADDOTTA, SALVATORE JOSEPH				
11191 - 52ND RD., N. 82 Street Addres.				dress (P.O. Box Number is Not Acceptable)
ROYAL PALM BCH. FL 33411				
84 City				
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				
	Signature, typed or printed name of registered ages		egistered Agent signature requir	
12, TITUE	PVP OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	ADDOTTA, SALVATORE J.		1.2 NAME	
STREET ADDRESS	11191 52ND RD NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 3341	1	14 C(TY-\$1-Z)P	
TITLE	ST	[] DELETE	21 TITLE	OOCIOO27652809
NAME STREET ADDRESS	ADDOTTA, LORI LYNN		22 NAME	-02/04/3901101019
CITY-ST-ZIP	11191 52ND RD NORTH Royal Palm Beach Fl 3341	1	2 3 STREET ADDRESS 2 4 CHTY-ST-ZIP	******8.75 ******8.75
TITLE	HOIRE LOUM DENOILLE SONI	[] DELETE	31 TITLE	Change Addition
NAME			32 NAME	00000027652809
STREET ADDRESS			. 3 3 STREET ADORESS	-02/04/9901101020 ****150.00 ****150.00
CITY-ST-ZIP		Christs	34 CITY-ST-ZIP	
TITLE NAME		DELETE	4.1 TITLE 4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	1
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[] DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME	5			(W)
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	54 CHY-ST-ZIP 61 TITLE	Channe Tladding
NAME		f") DEFE IE	62 NAME	☐ Change ☐ Addition
STREET ADDRESS			63 STREET ADORESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	ertify that the information supplied wi	th this filing does not qualify for th	e exemption stated in	Section 119.07(3)(i), 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, with all other like empowered.

GNATURE:

Signature AND Typeo or Printed Male of Signing Officer or Director.

Daytime Phone #

SIGNATURE: __

1-12-99 1-561-795-3471