

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90013 014 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # M98690

1. Corporation Name
SEASIDE A/C, INC.



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|---|---|
| Principal Place of Business % RICHARD TEMPLETON 541 N.E. 35TH ST. OAKLAND PARK FL 33334 | Mailing Address % RICHARD TEMPLETON 541 N.E. 35TH ST. OAKLAND PARK FL 33334 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 1437 NE 57 Court Suite, Apt. #, etc. | | 2a. Mailing Address 26 P.O. Box 24581 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 09/08/1988 | |
| 22 | | 27 | | 4. FEI Number 65-0076962 | |
| 23 Ft. Lauderdale FL City & State | | 28 Fort Lauderdale FL City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 33334 Zip | | 29 33307-4581 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 30 USA Country | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent TEMPLETON, RICHARD 541 N.E. 35TH ST. OAKLAND PARK FL 33334 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5706 NE 15 Avenue 83 84 City FT. Lauderdale FL 85 Zip Code 33334 | |
|--|--|--|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MCDONOUGH, STEVE | | 1.2 NAME MCDONOUGH STEVE | |
| STREET ADDRESS 541 N.E. 35TH ST. | | 1.3 STREET ADDRESS 1437 NE 57 COURT | |
| CITY-ST-ZIP OAKLAND PARK FL | | 1.4 CITY-ST-ZIP FT. Lauderdale FL 33334 | |
| TITLE SD | <input type="checkbox"/> DELETE | 2.1 TITLE SP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TEMPLETON, RICHARD | | 2.2 NAME Templeton, Richard | |
| STREET ADDRESS 541 N.E. 35TH ST. | | 2.3 STREET ADDRESS 5706 NE 15 Avenue | |
| CITY-ST-ZIP OAKLAND PARK FL | | 2.4 CITY-ST-ZIP FT. Lauderdale FL 33334 | |
| TITLE TD | <input type="checkbox"/> DELETE | 3.1 TITLE TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TEMPLETON, LEE | | 3.2 NAME Templeton, Lee | |
| STREET ADDRESS 541 N.E. 35TH ST. | | 3.3 STREET ADDRESS 5706 NE 15 Avenue | |
| CITY-ST-ZIP OAKLAND PARK FL | | 3.4 CITY-ST-ZIP FT. Lauderdale FL 33334 | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby 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 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.

SIGNATURE: Lee Templeton Lee Templeton 1-5-99 954-778-5762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)