

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90083 003 ***158.75

DOCUMENT # P92000010074

1. Corporation Name
C&L AUTO AIR INC.



Principal Place of Business
**1750 SEMORAN BLVD
WINTERPARK FL 32792
US**

Mailing Address
**1750 SEMORAN BLVD
WINTERPARK FL 32792
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1992

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3152169

Applied For
☐ Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWALISZ, LARRY
5411 JUSTINE WAY
WINTER PARK FL 32792**

81 Name **Larry Powalisz**
82 Street Address (P.O. Box Number is Not Applicable)
4583 Whimbrel Pl.
83
84 City **winter Park** FL 85 Zip Code **32792**

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

Larry Powalisz

Larry Powalisz

02-15-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE **P**
NAME **POWALISZ, LARRY**
STREET ADDRESS **5411 JUSTINE WAY**
CITY-ST-ZIP **WINTER PARK FL 32792**

1.1 TITLE **P.T.**
1.2 NAME **Powalisz, Larry**
1.3 STREET ADDRESS **4583 Whimbrel Pl.**
1.4 CITY-ST-ZIP **winter Park FL 32792**

TITLE **VS** ☒ DELETE
NAME **POWALISZ, MARY ANN**
STREET ADDRESS **5411 JUSTINE WAY**
CITY-ST-ZIP **WINTER PARK FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-99 407-677-7700

Date

Daytime Phone #

CR2E034 (11/98)