Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90179 030 \*\*\*150.00

## 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

## DOCUMENT # P93000021126

1. Corporation Name

WESTSIDE AIR CONDITIONING SERVICE CORP.

***************************************										
Principal Place	e of Business	Mailing Address								
16041 SOUTHW	EST 61ST COURT	16041 SOUTHWEST 61ST				•				
FORT LAUDERD	ALE FL 33331	FORT LAUDERDALE FL 33	331			DO NOT W	RITE IN THIS	SPACE		
						3. Date Incorporated or Qualif				
						03/17/1993	-			
9 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied Fo	or
21	lace of business	26				65-0396646			Not Applic	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.7	5 Addition	al .
22		27				5. Certifcate of Status Desired		Fee	Required	
City & State	e	City & State				6. Election Campaign Financin	ng □	<b>\$</b> 5.	<b>00</b> May Be	3
23		28				Trust Fund Contribution			led to Fees	
Zip	Country	Zip	Country	у		8. This corporation owes the o	urrent year Ir	tangible	_	
24	25	29	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of Ne	w Registered	Agent		
מל ו	A SE ONLY		81	1 Nai	me	· .				
	A FE, ONIX		82	2 Str	et Addre	ess (P.O. Box Number is Not Acce	eptable)	· ·		
	1 SOUTHWEST 61ST COURT						·			
FUH	T LAUDERDALE FL 33331		83	3			•			ļ
			84	4 City	,	• • • • • • • • • • • • • • • • • • • •		85	Zip Code	
			i	1 1			Fl	_		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statut	tes, the abov	ve-nam	ned corpo	ration submits this statement for the	the purpose of	f changing	g its registe is registered	red i
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obliq	te of Florida. Such change was a	authorized by	v the c	ned corpo orporation	oration submits this statement for the board of directors. I hereby ac	the purpose of cept the appo	f changing intment a	g its registe is registered	red 1
office or re agent. I as SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the obliq	te of Florida. Such change was a gations of, Section 607.0505, Flo	authorized by orida Statute:	y the c ·s.	orporatior 	n's board of directors. I hereby ac	сері ше аррс	f changing intment a	g its registe is registered	red i
office or n agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obliq Signature, typed or printed name of registered a	te of Florida. Such change was a gations of, Section 607.0505, Florigent and title if applicable (NOTE	authorized by orida Statute:	y the c ·s.	orporatior 	when reinstating)	DATE	Millinein a	is registered	-
office or reagent. I as SIGNATURE	egistered agent, or both, in the Stal m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A	te of Florida. Such change was a gations of, Section 607.0505, Floregent and title if applicable (NOTE AND DIRECTORS	euthorized by brida Statute:  E: Registered Age	y the c	orporatior 	n's board of directors. I hereby ac	DATE	ND DIRE	CTORS IN	12
office or reagent. I as SIGNATURE  12.	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A	te of Florida. Such change was a gations of, Section 607.0505, Florigent and title if applicable (NOTE	E. Registered Age	y the c	orporatior 	when reinstating)	DATE	Millinein a	CTORS IN	-
office or reagent. I as SIGNATURE  12.  TITLE  NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  PD  DE LA FE, GUSTAVO	te of Florida. Such change was a gations of, Section 607.0505, Florigent and title if applicable (NOTE AND DIRECTORS	E: Registered Age 13. 1.1 TITLE 1.2 NAME	y the c	ture required	when reinstating)	DATE	ND DIRE	CTORS IN	12
office or reagent. I at SIGNATURE  12.  TITLE NAME STREET ADDRESS	egistered agent, or both, in the Staf m familiar with, and accept the oblig Stgnature, typed or printed name of registered a OFFICERS A PD DE LA FE, GUSTAVO 16041 SOUTHWEST 61ST CO	te of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable (NOTE AND DIRECTORS DELETE	E. Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE	y the c	ture required	when reinstating)	DATE	ND DIRE	CTORS IN	12
office or r agent. I at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the Staf m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A PD DE LA FE, GUSTAVO 16041 SOUTHWEST 61ST CO FORT LAUDERDALE FL 3333	te of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable (NOTE AND DIRECTORS DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	y the C S. ent signa ET ADOR ST-ZIP	ture required	when reinstating)	DATE	ND DIRE	CTORS IN	12 ddition
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office or r agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Staf m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  PD DE LA FE, GUSTAVO 16041 SOUTHWEST 61ST CO FORT LAUDERDALE FL 3333 SD DE LA FE, ONIX	te of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable (NOTE AND DIRECTORS DELETE  OURT  DELETE  OURT  DELETE  OURT  B1	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1	ent signa  ET ADOR  ST-ZIP  ET ADDR  ET ADDR  -ST-ZIP	ture required	when reinstating)	DATE	ND DIRE	CTORS IN nge A	12 ddition
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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 or an attachment with an address, with all other like empowered.

TY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)