

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 06, 1999 8:00 am
Secretary of State

04-06-1999 90045 035 ***150.00

DOCUMENT # P93000024657

1. Corporation Name
STANDARD AIR CONDITIONING, INC.



Principal Place of Business
7542 W. MCNAB RD
BLDG D. BAY 10
NORTH LAUDERDALE FL 33068
US

Mailing Address
7542 W. MCNAB RD
BLDG D. BAY 10
NORTH LAUDERDALE FL 33068
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1993

4. FEI Number
65-0395647

Applied For
Not Applicable

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

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

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

2. Principal Place of Business
21 6574 N. State Road 7
Suite, Apt. #, etc.
22 Apartment #180
City & State
23 Coconut Creek, FL
Zip Country
24 33073 25
2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

9. Name and Address of Current Registered Agent

HINES, SHELBY
7542 WEST MCNAB ROAD
BAY 10, BUILDING D
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name Hines, Shelby
82 Street Address (P.O. Box Number is Not Acceptable)
6574 N. State Road 7
83 Apartment #180
84 City Coconut Creek FL 85 Zip Code 33073

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D HINES, SHELBY	7542 W. MCNAB RD., BAY 10, BUILDING D	NORTH LAUDERDALE FL 33068

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	D Hines, Shelby	6574 N. State Road 7, #180	Coconut Creek, FL 33073

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)