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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1.	Corporation J & B	n Name	TIVE AIR CONDITI		G SERVICE, INC	•								
Principal Place of Business Mailing Address					ailing Address	ess				1 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		***************************************	18841	1011 1001
13563 SW 137 AVENUE			19348 SW 262ND ST.			1								
MIAMI FL 33186			HOMESTEAD FL 33031				-	DO NOT WRITE IN THIS SPACE						
l '	US								_ <b>⊢</b> ;	3. Date Incorporated or Qualified		SPACE		
										06/28/1993				ĺ
2.	2. Principal Place of Business			20	, Mailing Address				-	I. FEI Number			Appli	ed For
21				26						65-0417465			<del></del>	pplicable
النظ	Suite, Apt. #, etc.			Suite, Apt. #, etc.						<b>'M</b>	\$8.7		<del></del>	
22	2			27				4	5. Certificate of Status Desired	X	Fee	Requ	ired	
	City & State			City & State				3. Election Campaign Financing		\$5.0	)O Ma	av Be		
23				28						Trust Fund Contribution			ed to f	
	Zip		Country	L.,	Zip	Cox	intry	У		This corporation owes or has				_
24		25 29 30					<b>,</b>			Personal Property Tax due Jur		Yes	<u> </u>	No
<u> </u>			and Address of Curren	t Regis	itered Agent		-	T No.	1(	, Name and Address of New F	tegistered	Agent		
CREASMAN, JACK L					81 Name									
19346 S.W. 262ND STREET						82	Street A	Address	(P.O. Box Number is Not Accept	able)				
HOMESTEAD FL 33031						63	<del> </del> -							
							63	Ί						
							84 City				FI	85 Z	ip Co	de
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of							the above-named cor		corporat	ion submits this statement for the			a ite r	egistored
''	office or re agent. I ar	egistered aç m familiar w	gent, or both, in the State ith, and accept the oblig	of Floridations o	da. Such change was If, Section 607.0505, F	authorize lorida Sta	d b	y the corpo	oration's	board of directors. I hereby acc	ept the ap	pointment	85 190	gistered
sı	IGNATURE .													
Signature, typed or printed harne of registered agent and life  12. OFFICERS AND DIRE								ent signature n	required wh		DATE	O DIDECT	<u> </u>	NI 10
_	r. Ile	PD	OFFICERS AN	.) DINE	DELETE	13, 1.1 T	71 E			ADDITIONS/CHANGES TO OFF	ICERS AN	Chang		Addition
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	REET ADORESS		S.W. 262ND STREET					T ADDRESS						
	TY-ST-ZIP		STEAD FL 33031					ST-ZIP						
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ĺ	UME		MAN, BEATRICE S			2.2 N		İ		,		<u> </u>		, , , , , , , , , , , , , , , , , , , ,
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ļ	TY-ST-ZIP		STEAD FL 33031					ST-ZIP						
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	UME	ROTHM	vell, steven			3.2 N							_	
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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 on an attachment with an address.

**FILED** 

May 05 1998 8:00am

Secretary of State

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