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 # **P93000048249**1. Corporation Name

HETECH COOLING, INC.

Principal Place of Business
673 SW WHITMORE DR
PORT ST LUCIE FL 34984
US

2. Principal Place of Business

Mailing Address

673 SW WHITMORE DR PORT ST LUCIE FL 34984

2a. Mailing Address

26 6735W W

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90044 031 ***163.75



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

07/02/1993 4. FEI Number

65-0419410

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional ee Required	**
22	27							
City & State	(H) 1	City & State 28 Port 3+ 1	Luis	লা.	6. Election Campaign Financing Trust Fund Contribution		.00 May Be	
			Count		8. This corporation owes the curr			
				huaire.	Personal Property Tax.	ent year intangible □ Yes		
24 34984 25 87 Lucie 29 34984 30 87 9. Name and Address of Current Registered Agent				Many.	10. Name and Address of New I	Registered Agent		
_	3. Italie and Address C. Contain	togistored rigani	8	1 Name				
SINGH, PARAMOUTIE								
1974 SW SCORPIO LANE				82 Street Address (P.O. Box Number is Not Acceptable)				
PORT ST. LUCIE FL 34984				83				
- 0.83	\$6.5.1		"	"	· 人名英格兰 医皮肤		全国企业等的	
्रिकेटी १९७७ १			8	4 City		85	Zip Code	
, Segri C						FL.	it, registered	
11. Pursuant to 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, 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								
	Signature, typed or printed name of registered agent a OFFICERS AND		TE: Registered Ag	ent signature required	ADDITIONS/CHANGES TO OF		ECTORS IN 12	á
12.		DELETE	1.1 TITLE			☐ Ch		7
TITLE	D ONOU YOONAUTU		1.2 NAM		" Barre			
NAME	SINGH, YOGNAUTH							8
STREET ADDRESS	1974 SW SCORPIO LANE			ET ADDRESS				L C
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 City		· · · · · · · · · · · · · · · · · · ·		ange Addition	٥
TITLE	D	☐ DELETE	2.1 TITLE		•	□ Ch	ange Addition	`
NAME	SINGH, PARAMOUTRIE C		2.2 NAM	:				1
STREET ADDRESS	1974 S.W. SCORPIO LANE		2.3 STRE	ET ADDRESS				1
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		2. 4 C/TY	-ST-ZIP				,
TITLE		☐ DELETE	3.1 TITLE			Ch	ange 🔲 Addition	
NAME			3.2 NAM					
STREET ADDRESS			3.3 STRE	ET ADDRESS	in the state of th	فروجان المحرية	性性動力動性物 [4]	
CITY-ST-ZIP	•		3.4. CITY	-ST-ZIP	그 사람 하늘 동안 되었다.		學說 "發展器	
TITLE		☐ DELETE	4.1 TITLE			#1 위 : 차回 Ch	nange Addition	1
NAME			4. 2 NAM	E				1
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	·		4.4 CITY		٠.			
TITLE		☐ DELETE	5.1 TITLE			□ch	nange Addition	1
NAME			5.2 NAM	:	3		. ,	
STREET ADDRESS			5.3 STRE	ET ADDRESS		•	.	9
			5.4 C/TY	ST-ZIP .		فالحمار بالمجاوع		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Ch	ange Addition	
	*		6.2 NAM	.		-	ļ	ł
NAME				ET ADDRESS		•	Ì	i
STREET ADDRESS			6.4 CITY					
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify f			ection 119 07(3)(i) Florida Statutes	I further certify tha	t the information	ı
I 4. I DECEMBED CO	erury that the information supplied with	una ming uoca not quality i	IOI LIE EXEIII	ANALI SIGILOU III O	remone i reser (e)(i), i ionad endiales.	a.u.o. oorary are		

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 inchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: