

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 APR 17 PM 11:41**

**DOCUMENT # P93000086248 (0)**

1. Corporation Name  
**JOSEPH BLOCK AIR CONDITIONING INC.**

Principal Place of Business      Mailing Address  
**7516 GRANT STREET**      **7516 GRANT STREET**  
**HOLLYWOOD FL 33024**      **HOLLYWOOD FL 33024**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/16/1993**      **05/12/1994**

4. FEI Number      Applied For  
**65-0477657**       Not Applicable

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

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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21 **16080 La Costa Drive**      26 **16080 La Costa Drive**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27

City & State      City & State  
23 **Ft. Lauderdale, Fl.**      28 **Ft. Lauderdale, Fl.**

Zip      Country      Zip      Country  
24 **33326**      25 **USA**      29 **33326**      30 **USA**

9. Name and Address of Current Registered Agent  
**BLOCK, JOSEPH**  
**16080 LA COSTA DRIVE**  
**FT. LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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      (NOTE: Registered Agent signature required when re-registering)      DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**  
NAME: **BLOCK, JOSEPH**  
STREET ADDRESS: **7516 GRANT STREET**  
CITY - ST - ZIP: **HOLLYWOOD FL 33024**

11 TITLE: **PD**       Change       Addition  
12 NAME: **BLOCK, JOSEPH**  
13 STREET ADDRESS: **16080 LA COSTA DRIVE**  
14 CITY - ST - ZIP: **FT. LAUDERDALE, FL. 33326**

TITLE: **VD**  
NAME: **CAVALLO, DAVID**  
STREET ADDRESS: **7516 GRANT STREET**  
CITY - ST - ZIP: **HOLLYWOOD FL 33024**

21 TITLE: **VD**       Change       Addition  
22 NAME: **CAVALLO, DAVID**  
23 STREET ADDRESS: **16080 LA COSTA DRIVE**  
24 CITY - ST - ZIP: **FT. LAUDERDALE, FL. 33326**

TITLE: **VD**  
NAME: **BLOCK, SUSAN**  
STREET ADDRESS: **7516 GRANT STREET**  
CITY - ST - ZIP: **HOLLYWOOD FL 33024**

31 TITLE: **VD**       Change       Addition  
32 NAME: **BLOCK, SUSAN**  
33 STREET ADDRESS: **16080 LA COSTA DRIVE**  
34 CITY - ST - ZIP: **FT. LAUDERDALE, FL. 33326**

TITLE:      NAME:      STREET ADDRESS:      CITY - ST - ZIP:

41 TITLE:      42 NAME:      43 STREET ADDRESS:      44 CITY - ST - ZIP:       Change       Addition

TITLE:      NAME:      STREET ADDRESS:      CITY - ST - ZIP:

51 TITLE:      52 NAME:      53 STREET ADDRESS:      54 CITY - ST - ZIP:       Change       Addition

TITLE:      NAME:      STREET ADDRESS:      CITY - ST - ZIP:

61 TITLE:      62 NAME:      63 STREET ADDRESS:      64 CITY - ST - ZIP:       Change       Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Block*      4/11/95      Susan Block      (305) 389-2297  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone Number)