FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000002580 (6)**

1. Corporation Name

INDUSTRIAL AIR CONDITIONING AND REFRIGERATION OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1691-A NORTHWEST 31ST AVENUE FORT LAUDERDALE FL 33311	1691-A NORTHWEST 31ST AVENUE FORT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1994

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: County — 25:

Zip — 29: County — 30:

4. FEI Number: 65-0520031 ☐ Applied For ☐ 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

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALBANESE, ARVID L
1691-A NW 31ST AVE.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	1.1 TITLE		☐ Change ☐ Addition
NAME	ALBANESE, ARVID L	1.2 NAME		
STREET ADDRESS	1691-A NORTHWEST 31ST AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE	STD	☐ Change ☒ Addition
NAME	RINALDI, WILLIAM G	2.2 NAME	RINALDI, WILLIAM G	
STREET ADDRESS	1701 NE 27TH DR	2.3 STREET ADDRESS	1701 NE 27TH DR	
CITY-ST-ZIP	WILTON MANORS, FL	2.4 CITY-ST-ZIP	WILTON MANORS FL	
TITLE	VPD	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	VERO, NICK	3.2 NAME	VERO, NICK	
STREET ADDRESS	11771 SW 1ST STREET	3.3 STREET ADDRESS	11771 SW 1ST ST	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0980160 CP