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

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

1996 **DOCUMENT #** 

1. Corporation Name

P94000010048 (4)

AIR C	OOL GLASS TINTING, IN	C.									
Principal Place of Business Mailing Address						A THE HIRD FOR THE BOOK BETHER BOTH BOTH BOTH					INIA BIRBA INIA ABDI
2630 NW 51ST TERRACE MARGATE FL 33063			2630 NW 51ST TERRACE MARGATE FL 33063								
								<ol> <li>Date Incorporated or Qualified 02/02/1994</li> </ol>	l l	of Last R	
2. Principal Pla	ace of Business	2a. N	Mailing Address					4. FEI Number			Applied For
21		26						65-0469391			Not Applicable
Suite, Apt. #, etc. 27			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & State			City & State					6. Election Campaign Financing			O May Be
23 Zin	Country	28	Zip Country			····	Trust Fund Contribution			d to Fees	
Zip <b>24</b>	Country 25	<u> </u>	30			:		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			199.032,
24		25   29   30   Name and Address of Current Registered Agent			<del></del>			10. Name and Address of New Registered Agent			
g, right the realess of certain in			.oo rigoin		81	Na	me	ID, Halfie and Address of Helf H	oğistered i	Agont	
JORDAK, ALICE					82			ss (P.O. Box Number is Not Acceptab	ie)		
	IW 51ST TERRACE	83									
MAHG	ATE FL 33063										
					84	Cit	y		FL	85 Zip	o Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name or registered agent, or both, in the State of Florida. Such change was authorized by the corporate familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								tion submits this statement for the purp of directors. I hereby accept the appo	pose of cha pintment as	nging its r registered	egistered office agent. I am
SIGNATURE _					<del></del>						
12.	Signature, typed or printed name of registered age OFFICERS A		· · · · · · · · · · · · · · · · · · ·	1E: Registere		t signa	fure required (	when reinstating!	DATE CEDS AND	DIDECTO	
TITLE	PTD			TITLE		7-	ADDITIONS/CHANGES TO OFFI	·	Change	Addition	
NAME	JORDAK, ALICE		1.2 N						_		
STREET ADDRESS	2630 NW 51ST TERRACE				STREET	ADOR	F99				
CITY - ST - ZIP	MARGATE FL 33063				1.4 CITY-ST-ZIP						
TITLE	SD	***	DELETE							Change	☐ Addition
NAME	JORDAK, RALPH			22 NAM						_	_
STREFT ADDRESS	2630 NW 51ST TERRACE			235		3 STREET ADDRESS					
CHTY - ST - ZIP	MARGATE FL 33063		240		2 4 CITY-ST-ZIP						ļ
TITLE			DELETE	3. 1	TITLE					Change	Addition
NAME				3.2	NAME						i
STREET ADDRESS				3.3.	STREET	ADDR	ESS				
CITY - \$1 - ZIP				3.4	DITY-S	1-ZIP					
TITLE			☐ DELETE	4.1	TITLE					] Change	☐ Addition
NAME				4.2	NAME						
STREET ADDRESS				4.3	STREET	ADDR	ESS				
City-St-ZiP				. 4.4	CITY-S	T- <b>Z</b> IP					
TITLE			DELETE	1	TITLE					] Change	☐ Addition
NAME				5.2	NAME						
STREET ADDRESS					STREET		SS				
CITY-ST-ZIP			FIDULAL		CITY-S	T-21P				7.05	F3 4400
TITLE			DELETE		TITLE					Change	Addition
NAME					MAME						
Street address					STREET		:SS				
CITY - ST - ZIP				6.40	CITY-S	T - 2(P					

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie ordak

ALICE VORDAK-PRES.

1-954-979-0800 Daytrie Phone