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## 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

r. Corporation	MENT # P94000 AIR CONDITIONING AND RE										
Principal Place of Business Mailing Address							1 (880)891	HW 19121 E1611 W	11: 8 8111 WEST 8014	1 1 <b>3149</b> 11161 61191 9	1101101111001
1130 SE 20TH S CAPE CORAL F	ST.	1130 SE 20TH ST. CAPE CORAL FL 33990					DO NOT WRITE IN THIS SPACE				
							. Date Incorpo	_	fed		
2. Principal Pl	ace of Business	2a. Mailing Address				4.	. FEI Number				lied For
21		26					65-05363	51			Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5.	. Certificate of	Status Desire	d 🗆	\$8.75 Ac		
22		27									
City & State	City & State	itate				. Election Can		ing 🗆	\$5.00 h Added to		
23	28			Country			Trust Fund C				,
Zip	Country Zip			¬ ·			This corpora  Personal Pro		current year in	Tangible ☐Yes 1	<b>≥</b> √₀
24	P. Name and Address of Current	29 3	<u> </u>			10	. Name and A		w Registered		~·
Name and Address of Current Registered Agent					Name						
KROTOV. ADAM											
1130 SE 20TH ST.				82	Street Ad	ldress (I	P.O. Box Num	ber is Not Acc	eptable)		
CAPE CORAL FL 33990				83						<del></del>	
							_				
				84 City FL 85 Zip Code bove-named corporation submits this statement for the purpose of changing its register.							
11. Pursuant office or reagent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was autons of, Section 607.0505, Florid	, the ab norized la Statu	by tes.	e-named co the corpora	rporation's b	on submits this loard of directo	iis. i lieleby a	ccept me app	ontanient as reg	egistered istered
SIGNATURE	Signature, typed or printed name of egistered agent	and title if applicable. (NOTE: R	naiotorod i	Acont	t signature requ	ired when	reinstating)	<del>7~</del>	20-9	7	
12.	OFFICERS AND		13.		. u.g.ici.			CHANGES TO	OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TIT	LE			-			Change	☐ Addition
NAME	KROTOV, ADAM		1.2 NA	ME							
STREET ADDRESS	AAAA OF AATH OT			1.3 STREET ADDRESS							
CITY-ST-ZIP	CAPE CORAL FL 33990	•	1.4 C/T	Y-ST	-ZIP				_		
TITLE	D DELETE		2.1 TIT	ιE						☐ Change	☐ Addition
NAME	KROTOV, SANDRA L		2.2 NAME								
STREET ADDRESS	1130 SE 20TH ST.			REET	ADDRESS				_		
CITY-ST-ZIP	CAPE CORAL FL 33990			TY-\$	T-ZIP	-	_				
TITLE	☐ DELETE		3.1 TIT	LE						☐ Change	☐ Addition
NAME			3.2 NA	ME							
STREET ADDRESS	. ,		3.3 STI	REET	ADDRESS						ļ
CITY-ST-ZIP			3.4. CD	TY-S	T-ZIP				_		
TITLE		☐ DELETE	4.1 TIT							☐ Change	Addition
NAME .			4.2 NA	AME.							
STREET ADDRESS			4.3 ST	REET	ADDRESS						
CITY-ST-ZiP			4.4 CIT	Y-ST	r-ZIP						
TITLE		☐ DELETE	5.1 TIT							Change	☐ Addition

CITY-ST-ZIP 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, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

Addition