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 # P9500004613

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90159 024 ***150.00

Principal Place of Business 2820 VIA VELLARIA LAKE WORTH FI. 33461 2821 VIA VELLARIA LAKE WORTH FI. 33461 2822 VIA VELLARIA LAKE WORTH FI. 33461 2830 VIA VELLARIA LAKE WORTH FI. 33461 2841 VIA VELLARIA LAKE WORTH FI. 33461 2851 VIA VELLARIA LAKE WORTH FI. 33461 2851 VIA VELLARIA LAKE WORTH FI. 33461 2851 VIA VELLARIA LAKE WORTH FI. 33461 3851 VIA VELLARIA VIA VELL							TION, INC.	S AIR & REFRIGERA	ADMIRAL
282 VIA VELLARIA LAKE WORTH FL 33461 282 VIA VELLARIA LAKE WORTH FL 33461 28. Mailing Address 2. Principal Place of Business 2. A. Mailing Address 3. Date incorporated or Qualified 01/16/1995 4. FEI Number 05-0544911 28. Suite, Apt. #, etc. 29. City & State 21. Zip 21. Zip 22. Country 22. Zip 23. Zip 24. Size 25. Suite, Apt. #, etc. 26. City & State 27. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Zip 29. Suite, Apt. #, etc. 29. Size Country 20. Size Country 21. Size Country 21. Size Country 22. Size Country 23. Date incorporated or Qualified 24. Size Country 25. Country 26. Size Country 27. Size Country 28. This corporation owes the current year Intangle of Personal Property Tax. 31. Name CUDNEY, KEVIN 2923 VIA VELLARIA LAKE WORTH FL 33461 33. Date incorporated or Qualified 34. FEI Number 35. Country 36. This corporation owes the current year Intangle of Personal Property Tax. 37. And Country 38. This corporation owes the current year Intangle of Personal Property Tax. 39. Year Intangle of Personal Property Tax. 39. Year Intangle of Personal Property Tax. 39. Year Intangle of Country 3923 VIA VELLARIA LAKE WORTH FL 33461 38. This corporation owes the current year Intangle of Personal Property Tax. 39. Year Intangle of Personal Property Tax. 39. Year Intangle of Personal Property Tax. 39. Year Intangle of Personal Property Tax. 393 Year Extended Size (P.O. Box Number is Not Acceptable) 394. City 59. Six Size Address (P.O. Box Number is Not Acceptable) 395. Six Size Address (P.O. Box Number is Not Acceptable) 396. City 59. Six Size Address (P.O. Box Number is Not Acceptable) 396. City 59. Six Size Address (P.O. Box Number is Not Acceptable) 397. Six Size Address (P.O. Box Number is Not Acceptable) 398. This corporation is board of directors. I hereby accept the appointment approach	D 60001 11 000 1011 1001	iii da nk eleid dei	וואדי ונוסס אויפס וואסס ואווס ושאקו פאן וססווסטו ג			ing Address	Maili	of Business	Principal Place
2. Principal Place of Business 2. Amailing Address 2. Amailing Address 3. A. FEI Number 5. Cettlotte of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Status Fund Contribution 8. Status Fund Contribution 8. Status Fund Fund Fund Fund Fund Fund Fund Fund	E	IIS SPACE	DO NOT WRITE IN THIS		٤	VIA VELLARIA	2923	NR1A	2923 VIA VELLA
2. Principal Place of Business 2. A Relining Address 3. FEI Number 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Suite, Apt. #, etc. 5. Certificate of Status Desi			<u> </u>						
2. Principal Pface of Business 21		•	· · ·						
Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State Ci	Applied For	A				Mailing Address	2a. N	ace of Business	2. Principal Pl
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Sicretificate of Status Desired Status	Not Applicable	N	05-0544911			ŭ	⊢		
City & State Country S. This corporation owes the current year Intangible Personal Property Tax. Sity Prope	75 Additional	\$8.75				Suite, Apt. #, etc.		#. etc.	
City & State 28	ee Required	Fee P	- 5:- Certificate of Status Desired El		معيشي تركب		27		
Zip Country Zip Country St. This corporation owes the current year Integrity Zip St. This corporation owes the current year Integrity St. This corporation was the current year Integrity St. This corporation owes the current year Integrity St. This corporation was the current year Integrity St. This corporation year. The person of the person of the Registered Agent St. This corporation year. The person of the Registered Agent St. This corporation year. The person of the	.00 May Be	\$5.00	6. Election Campaign Financing			City & State		<u> </u>	
Zip Country Zip Country 2 39	ided to Fees		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				28		
9. Name and Address of Current Registered Agent CUDNEY, KEVIN 2923 VIA VELLARIA LAKE WORTH FL 33461 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 change agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and tisle if applicable (NOTE: Registered Agent Address (P.O. Box Number is Not Acceptable) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P MAME KEVIN CUDNEY STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL DELETE 1.1 TITLE VP DELETE 1.2 AND DIRECTORS 1.3 STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL DELETE 3.1 TITLE VP DELETE 3.1 TITLE DELETE 3.1		Intangible	8. This corporation owes the current year In		Country	Zip	z	Country	
9. Name and Address of Current Registered Agent CUDNEY, KEVIN 2923 VIA VELLARIA LAKE WORTH FL 33461 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 change was authorized by the corporation's board of directors, I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change of the corporation's board of directors, I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change of change of the corporation's board of directors, I hereby accept the appointment agent. I am familiar with, and accept the appointment agent and submitted to provide when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. NAME STREET ADDRESS CITY. ST-ZIP LAKE WORTH FL 13. STREET ADDRESS CITY. ST-ZIP LAKE WORTH FL 14. TITLE 12. DELETE 13. TITLE 14. TITLE 15. LAKE WORTH FL 15. LAKE WORTH FL 16. LAKE WORTH FL 17. ST-ZIP TITLE 16. DELETE 17. TITLE 18. STREET ADDRESS 18. LAKE WORTH FL 18. STREET ADDRESS 19. LAKE WORTH FL 19. LAKE	s 🗆 No	Yes	Personal Property Tax.		30		29	25	24
CUDNEY, KEVIN 2923 VIA VELLARIA LAKE WORTH FL 33461 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 85 86 City FL 85 86 City FL 85 87 88 88 City FL 88 88 City FL 88 89 City FL 88 80 City FL 88 81 City FL 88 82 City FL 88 83 City FL 88 84 City FL 88 85 City FL 88 86 City FL 88 86 City FL 88 86 City FL 88 87 City FL 88 88 City FL 88 89 City FL 88 89 City FL 88 89 City FL 88 80 City FL 88 81 City FL 88 82 City FL 88 84 City FL 88 85 City FL 88 86 City FL 88 87 City FL 88 88 City FL 88 89 City FL 88 80 City FL 88 80 City FL 88 80 City FL 88 81 City FL 88 82 City FL 88 83 City FL 88 84 City FL 88 85 City FL 88 86 City FL 88 86 City FL 88 86 City FL 88 86 City FL 88 87 City FL 88 88 City FL 88 89 City FL 88 80 City FL 88 80 City FL 88 80 City FL 88 80 City FL 88 81 City FL 88 82 City FL 88 83 City FL 88 84 City FL 88 85 City FL 88 86 City FL 88 87 City FL 88 88 City FL 88 89 City FL 88 89 City FL 88 89 City FL 88 80 City FL 68 80 City		ed Agent	10. Name and Address of New Registered			red Agent	Current Registe		
2923 VIA VELLARIA LAKE WORTH FL 33461 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 change of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointmen agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				Name	81				
LAKE WORTH FL 33461 84 City FL 85 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 chang 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 appointmen agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and sitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P KEVIN CUDNEY STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 13. STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 14. CITY-ST-ZIP 17. LE NAME 13. STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 14. CITY-ST-ZIP 17. LE NAME 3.3 STREET ADDRESS CITY-ST-ZIP 17. LE NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE			dress (P.O. Box Number is Not Acceptable)	Street Addr	82				
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 chang 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-ZIP NAME KEVIN CUDNEY 2923 VIA VELLARIA 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VP DELETE 1.1 TITLE VP DELETE 2.1 TITLE VP DELETE 2.1 TITLE VP DELETE 2.1 TITLE DELETE 2.1 TITLE VP DELETE 3.1 ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VP DELETE 3.1 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 STREET ADDRESS 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE			aroug (r. o. gov realises) to viet resoptement	Guoti Adai	["]				
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 change of change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE					83			WORTH FL 33461	LAKE
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 change of change of corporation of the corporation of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DELETE SIGNATURE SIGNATURE	Zip Code	les Zin							•
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 chang 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 agent. I am familiar with, 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 reinstalling) DATE	Zip Code	L 65 Zib	Fl	City	84				
NAME NAME NAME NAME NAME NAME NAME NAME		AND DIRECT		t signature require	13.	TORS		OFFIC	12.
STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VP DELETE 2.1 TITLE 1.4 CITY-ST-ZIP NAME JUDY CUDNEY 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 2.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.5 DELETE 3.1 TITLE 1.6 CITY-ST-ZIP TITLE 1.7 CITY-ST-ZIP TITLE 1.8 CITY-ST-ZIP TITLE 1.9 DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.0 DELETE 4.1 TITLE 1.0 CITY-ST-ZIP TITLE 1.1 CITY-ST-ZIP TITLE 1.2 CITY-ST-ZIP TITLE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.6 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.8 CITY-ST	alige (Addition	L1 change		1		☐ DELETE		•	TITLE
CITY-ST-ZIP					- 1				····-
TITLE				Ī					STREET ADDRESS
NAME	nange Additio	Change		-ZIP		□ DELETE			
STREET ADDRESS 2923 VIA VELLARIA 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ange 🗀 Monto	[] ounde	·			□ DELETE	:	••	
CITY-ST-ZIP					F -				
TITLE DELETE 3.1 TITLE DELETE 0.0 CT NAME 32 NAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 17 TITLE DELETE 4.1 TITLE 0.0 CT 0.	_			i	ς				
NAME 3.2 NAME STREET ADDRESS CITY- ST-ZIP TITLE □ DELETE 4.1 TITLE □ DELETE 0.3 NAME 3.2 NAME 3.2 NAME 3.2 NAME 3.2 NAME 3.4 CITY- ST-ZIP □ DELETE 0.1 TITLE	nange	["] Change		1-ZIP		□ DELETE		LAKE WURTH FL	
STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE □ CITY-ST-ZIP			•	-	ı				
34.CITY-ST-ZIP 34.CITY-ST-ZIP				ADDDESS	ľ				
TITLE DELETE 4.1 TITLE					• • • • • • • • • • • • • • • • • • • •				
	nange	Change		1-ZIP		☐ DELETE			
NAME , ,	<u> </u>			}	1	_ 000010		•	
STREET ADDRESS 4.3 STREET ADDRESS				ADDDESS				•	
	,	•						•	
CITY-ST-ZIP 4.4 CITY-ST-ZIP 1.10 DELETE 5.1 TITLE 1.10 CITY-ST-ZIP 1.10 CI	nange	Change		1-21		□ DELETE			
THE SAMAGE		'0'	,					4	
TANNE LEACTOFFT ADDRESS	•		•	ADDRESS					
SINEEL ADMICES	•							'	STREET AUDRESS
	nange Addition	Change						•	OFFICE TO
CIT-SI-ZP CATTE		Change Change		ì	6.1 TITLE	☐ DELETE	_	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP
TITLE DELETE 6.1 TITLE	-	☐ Citarige			4	☐ DELETE			TITLE
TILE DELETE 6.1 TILE	• –	Change		ADDRESS	6.2 NAME	☐ DELETE			NAME ".es.

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.

SIGNATURE

SIGNATURE AND PRED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-22-99 541-642-0042

:R2E034 (11/98)