FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080841 (6)

AIR PERFECTION AIR CONDITIONING, INC.

FILED May 16 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 6624 BEE RIDGE ROAD 6624 BEE RIDGE RD SARASOTA FL 34241 SARASOTA FL 34241-5747 US US					3. Date Incorporated or Qualified 3a. Date of Last Report			
					10/18/1995	04/18/		opon (
2. Principa P	lace of Business	2a. Mailing Address			4. FEI Number			oplied For
21 66 24 Bec Ridge Rd 26 SAME				65-0611573		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Certificate of Status Desired			Additional equired
Cay & State City & State 23 Sarasota F/A 28					Election Campaign Financing Trust Fund Contribution			
Zip	Country	Zip	Country		8. This corporation has liability for			. 199.032,
24 342	9. Name and Address of Curre	nt Backstered Agent	30		Florida Statutes 10. Name and Address of New I	Yes N		
MAD	ITIN, SVETLANA S	ut negletelen Agein	81	Name	TO, Hame and Address of New Y		<u>"</u>	
6624	BEE RIDGE RD ASOTA FL 34241		82 83	Street Addr	ess (P.O. Box Number is Net Accept	Kd	2/SA	(me)
			84	CityCnn	raenta	FL ^{is}	5 70	Code
SIGNATURE	to me provisions or Sections out. registered agent, or both, in the State in familiar with, and accept the oblig the state of the stat		vas authorized by 5, Florida Statutes (NOTE: Registered Age)		poration submits this statement for the ion's board of directors. I hereby acc	porpose of the appoint	ment as	
12.	¥ <u></u>	ND DIRECTORS	13.	7	ADDITIONS/CHANGES TO OFF			
TitLE	D	☐ DELETE	1			Ц	Change	
NAME STREET ADDRESS	MARTIN, TIM 6624 BEE RIDGE RD		1.2 NAME 1.3 STREET		\mathcal{N}/Δ			
CITY-ST-ZIP TILLE	SARASOTA FL 34241 VP	DELETE	1.4 CITY-ST 2.1 TITLE	- ZIP	<u> </u>		Change	Addition
NAME	SUETLANA S MARTIN	land December	2.2 NAME	1		لبدا	Unango	L ridokton
STREET ADDRESS	6624 BEE RIDGE ROAD		2.3 STREET	ADDRESS				
CITY - S1 - ZiP	SARASOTA FL		2 4 CITY-S	Ì	<u> </u>			
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ACORESS			33 STREET	1				
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STREET ADDRESS			4.3 STREET	ADDRESS				•
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Titt		☐ DELETE					Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY - S1 - ZIP			54 CITY-ST	-ZIP	······································			
TITLE		☐ DELETE					Change	Addition
NAME			6.2 NAME					'
STREET ADORESS			6.3 STREET					
CITY-S1-ZIP	<u> </u>	·····	6.4 CITY - ST	r-ZIP		****		

I do 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