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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000084322

1. Corporation Name
**SEY CULHAN REFRIGERATION & AIR CONDITIONING SERV
 ICE, INC.**

Principal Place of Business
 400 NE 45TH ST
 BOCA RATON FL 33431
 US

Mailing Address
 400 NE 45TH ST
 BOCA RATON FL 33431
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/30/1995

4. FEI Number
65-0630905

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
CULHAN, SEYMORE
6771 NW 20TH ST
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name **Culhan, William John**

82 Street Address (P.O. Box Number is Not Acceptable)
400 NE 45th St.

83

84 City **Boca Raton** FL 85 Zip Code **33431**

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 *William John Culhan Pres.* DATE **2-12-99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CULHAN, SEYMORE	
STREET ADDRESS	6771 NW 20TH ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP Pres	<input type="checkbox"/> DELETE
NAME	CULHAN, WILLIAM JOHN	
STREET ADDRESS	400 NE 45TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBERTS, ROBERT	
STREET ADDRESS	8581 NW 11TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *William John Culhan Pres.* DATE **2-12-99** DAYTIME PHONE # **561-395-5723**

CR2E034 (1/98)