* SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010935 (0)

A AARON REFRIGERATION & AIR CONDITIONING, INC.

165 PC APPROVED

97 JUL 31 PM 12: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address						10101 HEH BEILE II	FEE HILDI BIJI 1881	
108 PARADISE HARBOR 108 PARADISE HARBOR								
NO PALM BEACH FL 33408-5047 NO PALM BEACH FL 33408-504				P4U6-5U47		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 3a. Date of Last Report		
						01/31/1996		
	lace of Business	2a.	Mailing Address			4. FEI Number		Applied For
21 17133	ALGYANDER RUM.	26	17133 ALEY	Ander Run.		65 0644 525		Not Applicable
Suite, Apt.	#, etc.	L	Suite, Apt. #, etc.	,		5. Certificate of Status Desired		75 Additional
22		27	<u></u>	·		C. Cartinouto of States 2001100	Fe	e Required
City & Stat			City & State	T 1		6. Election Campaign Financing	_	.00 May Be
	ter, FL	28	Jupiter,	Country		Trust Fund Contribution		ded to Fees
Zip 24 <i>3347</i>	Country 25 PALM Beach		Ζip 33478	30 PALM BEA	01	This corporation owes or has paid		Prog. 7
24 3347	9, Name and Address of Current			30 [HZH) DEU	C17.	Personal Property Tax due June 3 10. Name and Address of New Reg		No
TECTÉ E D.CDA B1 Name								
12700 WEST FOREST HILL BLVD STE 204 MARY AND KEBECK.								
WELLINGTON FL 33414 82 Street Address 17133 8						ss (P.O. Box Number is Not Acceptable	e)	
WELLINGTON FE 33414						ALEXANDER RUN.		
l				1-1				
				84 City	-	100	FL 85	Zip Code
On the Approximation of Continue POZ 0000 and COZ 4000 Florida Continue Approximation and the Approximation of the								
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 obligation of, Section 607.0505, Florida Statutes.								
agent. Lam familiar with and accept the obligation of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printing fine of appril and fille if applicable. (NOTE Registered Agent signature required when re-installing) DAYL DAYL								
12.	OFFICERS AND			13.	require	ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12
TITLE	PD	_	DELETE	1.1 TITLE P. V			Cha	inge Addition
NAME	Kebeck, John W			1.2 NAME	<i> </i>	KEBECK, John W. 7133 ALEXANDER	, ,	
STREET ADDRESS	C/O 108 PARADISE HARBOR			1.3 STREET ADDRESS	1	7133 ALEXANDER RU	n]}
CITY-ST-ZIP	NO PALM BEACH FL 33408-504	47		1.4 CITY-ST-ZIP	7	Supiter 23478		13
TITLÉ	VD		DELETE	2.1 TITLE			Cha	inge
NAME	MURPHY, DOUGLAS S		<i>7</i> *	2.2 NAME		•		
STREET ADDRESS	C/O 108 PARADISE HARBOR			2.3 STREET ADDRESS		-Delete		
CITY-ST-ZIP	NO PALM BEACH FL 33408-50-	47		2. 4 CITY - SY-ZIP	_			J
TITLE	TD		☐ DELETE	3.1 HTLE 7, 5		1-1 1/ 0-001/04	(A) Cha	nge Addition
NAME	KEBECK, MARY ANN			3.2 NAME	<i>\</i>	KEBECK, MARY AN 7133 ALEXANDER 1	604	
STREET ADDRESS	C/O 108 PARADISE HARBOR			3.3 STREET ADDRESS	1	7133 ALEXANDER I		j
CITY-ST-ZIP	NO PALM BEACH FL 33408-504	47		3.4. CITY-ST-ZIP	(SupiTER FL 334	78	
TITLE	SD		DELETE	4.1 TITLE			Cha	nge Addition
NAME	MURPHY, VERONICA L		-	4, 2 NAME				ļ
STREET ADDRESS	C/O 108 PARADISE HARBOR			4.3 STREET ADDRESS	6	- DELETE.		j
CITY-\$1-ZIP	NO PALM BEACH FL 33408-50	47		4.4 CITY - ST - ZIP				
TITLE			DELETE	5.1 TITLE		ينسب يسبن رمص رمعن يمنن يمنن يست	Cha	nge 🗌 Addition
NAME				5.2 NAME				3b
STREET ADDRESS				5.3 STREET ADDRESS		-08/05/9	იი აააა 11——01090	#40E 00
CITY-\$T-ZIP				5.4 CITY-ST-ZIP	_1	ng/4 ****165		*165.00
TITLE			☐ DELETE	61 TITLE	N	())	Cha	inge
NAME				62 NAME	1	· · · · ·		İ
STREET ADDRESS				6.3 STREET ADDRESS	•			[
CITY-ST-ZIP				6.4 CITY-ST-ZIP				

14. 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 supplimental annual report is true and a curate 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 bit receiver or trustee empowers of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an addiss.