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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P96000028226 (4) DOCUMENT #

A.S.A.P. AIR CONDITIONING AND APPLIANCE SERVICE

FILED Feb 18 1998 8:00am Secretary of State

INC.										
Principal Place of Business Mailing Address						L ingrinder Lift fåttå grete galle båtit.)1 18 21 0 11 910 (1		
7599 W 29TH MALEAH FL		7599 W 29TH LANE HIALEAH FL 33016								
MALEAN TC	33016	MINLENN FL JOUIS			ļ	DO NOT WRIT	E IN THIS S	SPACE		
i						3. Date Incorporated or Qualified 03/25/1996		-		7
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For				1
21		26							ot Applicable	_
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- 1	5. Certificate of Status Desired	X		Additional	
City & State		City & State			+				equired	-
23		28				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	7ip	Coun	try		8. This corporation owes or has p				1
24	25	29	30			Personal Property Tax due Jun] No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egistered /	\gent]
	RA, GILBERTO		['	31 Name	:					
7599 W 29TH LANE			ļ.	Street	Address	dress (P.O. Box Number is Not Acceptable)				1
HI	ALEAH FL 33016		ہا	33						1
			['	23						
			Ī	4 City			FL	85 Zip	Code	1
11 Pursuant	to the provisions of Sections 607 D	502 and 607 1508. Florida Statut	es the abo	nve-named	1 corpora	ation submits this statement for the		changing i	ts registered	4
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Starm familiar with, and accept the obtains	te of Florida. Such change was	authorized	by the cor	poration	's board of directors. I hereby acce	pt the app	ointment as	registered	
_	im ismiliai with, and accept the op-	gallons of, Section 607.0505, Fi	unua atatu	tes.						
SIGNATURE	Stonature, typed or printed name of registered a	gord and title if applicable (NO)	€ Registered	Agent signature	e required w	vhen reinstating)	DATE			1
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND			֓֞֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
TITLE	DP OUDSDIO	☐ DELETE 1.1 TIT		ŧ				Change	Addition Addition	Į
NAME	VERA, GILBERTO			1.2 NAME						2
STREET ADDRESS	7599 W 29TH LANE HIALEAH FL 33016		ı	1.3 STREET ADDRESS						ļģ
CITY-ST-ZIP	DV DV	☐ DELETE		'-ST-ZIP				Change	Addition	- è
TITLE NAME	VERA, VIVIAN	L OLLLIE	2.1 TITL 2.2 NAM					□ crange	Addition	`
STREET ADDRESS	7599 W 29TH LANE			ET ADDRESS						
CITY-ST-ZIP	HIALEAH FL 33016		1	Y-ST-ZIP	1					1
TITLE		DELETE 3.1			 			Change	Addition	1
NAME	l.		3.2 NAM	IE				-		
STREET ADDRESS			3.3 STRI	ET ADDRESS						4
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	Ĭ .					
TITLE		DELETE	4.1 TITL	Ē				☐ Change	Addition	1
NAME			4. 2 NAM	AE						
STREET ADDRESS			4.3 STR	ET ADDRESS	1					1
CITY-ST-ZIP				-ST-ZIP	<u> </u>					1
TITLE		☐ DELETE	5.1 TITL					Change	Addition	
NAME			52 NAW							
STREET ADDRESS			1	ET ADDRESS						1
CITY-ST-ZIP		DELETE	_	-ST-ZIP	l			Change	Addition	-
TITLE			6.1 JITU					Cuantic	☐ Wannau	
NAME CTOCCT ANDRESC			6.2 NAM							-
STREET ADDRESS			1	ET ADDRESS						
CITY-ST-ZIP	and the state of t	30 (b): 400 - do-s	6.4 UII Y	-ST-ZIP	L Con	110 07/0V/V Flacido Chat to -	4 T 4	CL shot the	1.7 -45	4

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.