

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90037 040 \*\*\*150.00

DOCUMENT # P96 00002925200

1. Corporation Name

AIR COMFORT MECHANICAL, INC.

Principal Place of Business

Mailing Address

321 NORTH 70<sup>th</sup> TERRACE  
Hollywood, FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/28/96

4. FEI Number

65-0664591

Applied For

Not Applicable

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGER GERKEN  
321 NORTH 70<sup>th</sup> TERRACE  
Hollywood, FL 33024

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	ROGER GERKEN	
STREET ADDRESS	321 NORTH 70 <sup>th</sup> TERRACE	
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	PETER F. BRIGNOLA	
STREET ADDRESS	16336 NW 22 <sup>nd</sup> ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	ROGER GERKEN	
STREET ADDRESS	321 NORTH 70 <sup>th</sup> TERRACE	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	PETER F. BRIGNOLA	
STREET ADDRESS	16336 NW 22 <sup>nd</sup> ST	
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		

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAURIE D. GERKEN	
1.3 STREET ADDRESS	321 NORTH 70 <sup>th</sup> TERRACE	
1.4 CITY-ST-ZIP	Hollywood, FL 33024	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAURIE D. GERKEN	
2.3 STREET ADDRESS	321 NORTH 70 <sup>th</sup> TERRACE	
2.4 CITY-ST-ZIP	Hollywood, FL 33024	
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(2)(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 307, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

ROGER GERKEN PRESIDENT 4/12/99 (954) 981-6171

CR2E034 (11/98)