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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040914 (9)

KMR A	IR CONDITIONING AND	REFRIGERATION Mailing Add	·	· · · · · · · · · · · · · · · · · · ·				
233 RUSSELL DR 233 RUSSELL DR PALM SPRINGS FL 33461 PALM SPRINGS FL 33461						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualified		
						05/06/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	plied For
21		26				65-0670080	No.	t Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Stat	16 :	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
Zip	Country 25	Zip 29		Country 30		This corporation owes or has paid the opersonal Property Tax due June 30.	Yes	angible] No
	g. Name and Address of Cu	irrent Registered Age	ent			10. Name and Address of New Registere	d Agent	
RIMEY, KENT 233 RUSSELL DR PALM SPRINGS FL 33461				81	Name			
				82	82 Street Address (P.O. Box Number is Not Acceptable)			
•••				83				
				84	City	F		Code
agent i a	m familiar with, and accept the c	obligations of, Section	607.05 05 , Flori	s, the above thorized by da Statules	-named co the corpor i.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing it oppointment as	s registered registered
SIGNATURE	Signature, typed or printed named registers	KENT RIME ed agent and tale if applicable.	(NOTE:	Registered Age	nt signaturo rec	quired when reinstating) DATE	EB 10	
12.	OFFICERS	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR	IS IN 12
TITLE	D		DELETE	1.1 TITLE			☐ Change	Addition
KAME	RIMEY, KENT			1.2 NAME	İ			
STREET ADDRESS	233 RUSSELL DR			1.3 STREET	address			
CITY-ST-ZIP	PALM SPRINGS FL 33461			1.4 CITY - S	T-ZIP			
TITLE			DELETE	2.1 TITLE	İ		Change	Addition
NAME				2.2 NAME	-			
STREET ADDRESS	,			2.3 STREET	address			
CITY-ST-ZIP				2.4 CITY-5	T-ZIP			
TITLE			DELETE	3.1 TITLE			☐ Change	Addition
NAMÉ				3.2 NAME	1			
STREET ADDRESS	,			3.3 STREET	address [
CITY OT 710				2.4 CITY - C	T. 71D			

64 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.

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

DELETE

DELETE

DIAMATURE 16 4 Minus C XXII Place

ar 1 00

-- 12010 CIZI

Change

Change

Change

Addition

Addition

Addition

FILED

Feb 09 1998 8:00am

Secretary of State