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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90056 015 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700001324

SOUTH	FLORIDA AIR CONDITIONIN	G, INC.							
Principal Place	of Business	Mailing Address				I (AD)(CO) (10 )EV) ( \$80) BU() BU() AC()	) <b>86</b> (81 1) <b>89 6</b> 1	(1) (12() 5)2) (62)	
3000 NW BOCA		3000 NW BOCA RATON BI	LVD.			'			
BOCA RATON FL 33431 BOCA RATON FL 33431							á an. ar		
						DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualifed 01/07/1997			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 26						65-0723659		Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional		
22	27				S. Octations of States Desired	Fee	Required		
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year in		□No	
24	25	29	30	т—		Personal Property Tax.	Yes		
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered	ı Agent		
. I V/Q	THE IOUN A	•		01	Name				
LAVELLE, JOHN A					Street Add	ress (P.O. Box Number is Not Acceptable)			
3000 NW BOCA RATON BLVD						a market that it is not also taking the end of the con-	index of particles	Progress and the	
BOCA RATON FL 33431				83 84 City					
						**************************************	85 Z	ip Code	
					•	FI			
office or r	edictored agent or both in the State	of Florida. Such change was a	autnonzed	עם נ	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing cintment as	its registered registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fig	orida Stati	utes.	•				
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOTE	C. Renistered	Anen	t signature require	ed when reinstating) V4-		<del>, , , , , , , , , , , , , , , , , , , </del>	
12.		D DIRECTORS	13.	, igun		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE	P	☐ DELETE	1.1 TI	TLE		AND THE STATE OF T	Chang	ge 🗌 Addition	
NAME	LAVELLE, JOHN A		1.2 N/	AME		that the control of t			
STREET ADDRESS	3000 NW BOCA RATON BLVD				ADDRESS				
				TY- S1					
CITY-ST-ZIP	V	☐ DELETE	2.1 1		1-211		☐ Chang	ge Addition	
	OLLERT, ROBERT C	<u> </u>	2.2 NAME			· ·			
NAME	3000 NW BOCA RATON BLVD				ADDRESS				
STREET ADDRESS	BOCA RATON FL 33431	•		TY-S				, [	
CITY-ST-ZIP	S	DELETE	3.1 TI		11-ZIF		☐ Chan	ge 🔲 Addition	
TITLE	NOVAK, JASON E	_ Deterie	3.2 N			·	'		
NAME	3000 NW BOCA RATON BLVD				TADORESS	and the second of the second o	. 5. 5:	or 8 98 512 3621	
STREET ADDRESS			TY-S	1	19月1日,19月1日 19月1日				
CITY-ST-ZIP	BOOM IMITOR FE 33431	☐ DELETE	3.4. C		11-45	्रिक्त क्षेत्र पृष्ट प्राप्त करेता विशेष स्थाप स्थ स्थाप स्थाप स्थ			
TITLE			4.1 II					_ [	
NAMÉ			ı		F ADDDEDO	•			
STREET ADDRESS		•			T ADDRESS				
CITY-ST-ZIP		□ ncicte		TY-S	1-ZIP		Chan	ge Addition	
TITLE		☐ DELETE	5.1 TI 5.2 N						
NAME	l .		5.2 N	MME	- 1	<b>5</b> .			

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 in or anged, or on an attachment with an address) with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE