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FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027657 (0)

1. Corporation Name
TRUE AIR CONDITIONING, INC.



Principal Place of Business

14654 62 CT. NORTH
LOXAHATCHEE FL 33470

Mailing Address

P.O. BOX 210033
WEST PALM BEACH FL 33421-0033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

2. Principal Place of Business

21 761 SE 9 Place

Suite, Apt. #, etc.

22 City & State
Hialeah, FL

23 Zip Country
33010

2a. Mailing Address

26 761 SE 9 Place

Suite, Apt. #, etc.

27 City & State
Hialeah, FL

28 Zip Country
33010

4. FEI Number

65-0738263

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VELEZ, FRANK
761 SE 9 PLACE
HIALEAH FL 33010

10. Name and Address of New Registered Agent

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

2. OFFICERS AND DIRECTORS

TITLE President, Pres. ☐ DELETE

NAME Frank VELEZ

STREET ADDRESS 761 SE 9 Place

CITY-STATE-ZIP Hialeah, FL 33010

1. ☐ DELETE

2. ☐ DELETE

3. ☐ DELETE

4. ☐ DELETE

5. ☐ DELETE

6. ☐ DELETE

7. ☐ DELETE

8. ☐ DELETE

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10. ☐ DELETE

11. ☐ DELETE

12. ☐ DELETE

13. ☐ DELETE

14. ☐ DELETE

15. ☐ DELETE

16. ☐ DELETE

17. ☐ DELETE

18. ☐ DELETE

19. ☐ DELETE

20. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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.

SIGNATURE: X

X 3/2/97

X 305-863-3506

CR2E034 (10/97)