

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000061495 (2)

1. Corporation Name

HARAZIN AIR CONDITIONING, INC.

Principal Place of Business

11429 75 AVE NO
SEMINOLE FL 33772

Mailing Address

11429 75 AVE NO
SEMINOLE FL 33772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

59-3463482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 611 E. Teimber Bay Cr

Suite, Apt. #, etc.

22

City & State

23 Oldsmar, FL

Zip

24 34677

Country

25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

g. Name and Address of Current Registered Agent

LUKE, DOUGLAS R
11429 75 AVE NO
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name

Dennis Luke

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

611 E. Timber Bay Circle

83

84 City

Oldsmar

FL

85

Zip Code

34677

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

4-29-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LUKE, DOUGLAS R	
STREET ADDRESS	11429 75 AVE NO	
CITY-ST-ZIP	SEMINOLE FL 33772	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUKE, DENNIS	
STREET ADDRESS	11429 75 AVE NO	
CITY-ST-ZIP	SEMINOLE FL 33772	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUKE, DAVID	
STREET ADDRESS	11429 75 AVE NO	
CITY-ST-ZIP	SEMINOLE FL 33772	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LUKE, KAREN	
STREET ADDRESS	11429 75 AVE NO	
CITY-ST-ZIP	SEMINOLE FL 33772	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dennis Luke	
1.3 STREET ADDRESS	611 E. Timber Bay Circle	
1.4 CITY-ST-ZIP	Oldsmar, FL 34677	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David Luke	
2.3 STREET ADDRESS	1060 Jasper St. Apt. 45	
2.4 CITY-ST-ZIP	Clearwater FL 34616	

3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dennis Luke	
3.3 STREET ADDRESS	611 E. Timber Bay Circle	
3.4 CITY-ST-ZIP	Oldsmar, FL 34677	

4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David Luke	
4.3 STREET ADDRESS	1060 Jasper St. Apt 45	
4.4 CITY-ST-ZIP	Clearwater FL 34616	

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(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:



4-29-98

CR2034 (10/97)