## 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 May 10, 1999 8:00 am Secretary of State 05-10-1999 90255 010 \*\*\*150.00

DOCUMENT #				
1. Corporation Name  METZELAR AIR CONDITIONING &	RETRIG ERA	n   Citronic		
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INC				
Principal Place of Business Mailing Address				
10834 N.G. 6 AUE	_ <del>,==</del>			
MIAMI EL 33161 SAM	16 T	DO NOT WRITE IN THIS S	SPACE	
		3. Date Incorporated or Qualifed		
Principal Place of Business     2a. Mailing Address		4. FEI Number	Ap	plied For
21 10834 N.E 6AVC 26				ot Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  SA-WE		5. Certifcate of Status Desired	\$8.75 A	Additional
City & State City & State	ne	& Floating Compains Financian		
$\vdash$		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
23 MIAN 228 Zip Country Zip Country		Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible		
24 33161 25 Miani -DADC 29	30	·	Yes	₩No
Name and Address of Current Registered Agent		10. Name and Address of New Registered A	gent	
DICK J. METZELAR	81 Name			
	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
225 N.E 108 ST	00			
MIAMI FL 33161	83			
THINK ,	84 City	FL	85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute	s the above-named corr	· -	hanging its	registered
office or registered agent, or both, in the State of Florida. Such change was au	thorized by the cornoration	on's hoard of directors. I hereby accept the appoint	tment as re	nistered
and the feeting with the shipsting of Costing 607 0505 Flori	do Ctotutos	one board of directors. Thereby decept the appoint		giotoroa
agent. I am familiar with, and accept the obligations of Section 607.0505, Flori	ida Statutes.			İ
agent. I am familiar with, and accept the obligations of Section 607.0505, Flori	ida Statutes. Registered Agent signature require	4-21		İ
agent. I am familiar with, and accept the obligations of Section 607.0505, Flori  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12.  OFFICERS AND DIRECTORS	ida Statutes.	4-21	-99	
agent. I am familiar with, and accept the obligations of Section 607.0505, Flori  SIGNATURE  Signature, typed or printed name of registered ages and title if applicable. (NOTE:  12. OFFICERS AND DIRECTORS	ida Statutes. Registered Agent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	-99	
agent. I am familiar with, and accept the obligations of Section 607.0505, Flori  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  DICK  TOTALISM  DELETE	da Statutes.  Registered Agent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	-99	DRS IN 12
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agent. I am familiar with, and accept the obligations of Section 607.0505, Flori  SIGNATURE  Signature, typed or printed name of registered ages and title if applicable. (NOTE:  12. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VICE PRESS OF CONTROL 3316	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	-99	DRS IN 12
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14. I hereby certify that the information supplied with this fifting 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, with all other like empowered.

**SIGNATURE:**