PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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DOCU	MENT # P98000	016491						
7. Corporati	ON NAME AIR CONDITIONING & REFR							
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Principal Plac	ce of Business	Mailing Address			A 18 madi ing Ibidi 18 masa 4 dan 4 dan 4 dan	ti ireia Birii dibia	,	
9011 SUN PO		9311 SUN POINTE DRI				•		
BOANTON BE	ACH FL 33437	BOYNTON BEACH FL 3	3437		DO NOT WRITE IN TH	S SPACE		
)					3. Date Incorporated or Qualifed			
					02/19/1998	1 1 4 2	-Vad For	
	Place of Business	2a. Mailing Address		4. FEI Number 45-083 8780	<u> </u>	plled For t Applicable		
Suite, Apt	L #, etc.	Suite, Apt. #, etc.				\$8.75 A		
22		27			5. Certificate of Status Desired	Fee Re	guired	-
City & Sta	tle	City & State			6. Election Campaign Financing	\$5.00		
23	Country	28	Coun	ntry	8. This corporation owes the current year I	Added to) rees	
Zip	25	29	30	,	Personal Property Tax.		□No	
24]	9. Name and Address of Curren				10. Name and Address of New Registers	1 Agent		
DO	CE IOSEBH I		ľ	81 Name				
PRICE, JOSEPH L 9311 SUN POINTE DRIVE			ļ.	82 Street Address (P.O. Box Number is Not Acceptable)				
BOYNTON BEACH FL 33437				83		` .	·	
1	•		ļ				<u></u>	
				84 City	FI	L 85 Zip C		
11. Pursuan	t to the provisions of Sections 607.050	2 and 607.1508, Florida Star	tutes, the ab	ove-named corporation	oration submits this statement for the purpose	of changing its	registered pistered	
agent. I	am familiar with, and accept the obliga	tions of, Section 607.0505, F	Florida Statu	tes.	oragon submits this statement for the purpose vin's board of directors. I hereby accept the app		}	
SIGNATURE	Signature, typed or printed name of registered age	of and the familiania (h)	TE- Registered A	Agent signature required	(when reinstating) DATE			=
12.		ID DIRECTORS	13.	-your signature or -your	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	8
TITLE	PRESIDENT OF	☐ DELETE	1.1 T/TL	Æ		Change	Addition	CR2E034 (11/98)
NAME	JOSEPH L. PRILL	, ,	12 NAA	1	,		}	8
STREET ADDRESS	9311 SUN POINTE	# PL 33437		REET ADDRESS	·		1	띥
CITY-ST-ZIP	BOYNION BEACH	DELETE		Y-ST-ZIP			1	~
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14. I hereby certify that the information supplied with his filling does not qualib 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 adoubt 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 corporator or that receiver or further 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:

SIGNATURE AND TYPEG OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

561 364 977.0 Deviane Phore #

Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90116 006 ***150.00