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## **PROFIT** CORPORATION ANNUAL REPORT

1999



Kathorine Harris Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

<b>DOCUMENT #</b>	P98000031830
1 Comoration Name	1 00000001000

ALL-PRO AIR CONDITIONING, INC.

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Princip	\al	Place	nd.	Rus	inace	٠

Mailing Address

6125 BLUEGRASS CIRCLE 6125 BLUEGRASS CIRCLE LAKE WORTH FL 33463 LAKE WORTH FL 33463 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 04/06/1998 Applied For 1408 Not Applicable Suite Ant. #. etc. Suite Ant # etc. \$8.75 Additional 5.' Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ak 28 Added to Fees 8. This corporation owes the current year Intangible USF No ☐ Yes Personal Property Tax. 29 9. Name and Address of Current Ragistered Agent 10. Name and Address of New Registered Agent Name ZEITLER, MARK A Street Address (P.O. Box Number is Not Acceptable) 1408 CREST DR. LAKE WORTH FL 33461 83 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 tibe if applicable ared Agent signiture required when relistating) CR2E034 (11/98 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ☐ Addition 1.1 TITLE TILE ZETTLER, MARK A 12 NAME NAME 1408 CREST DR. 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33461 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition IIILE VD 2.1 TITLE CAPDEVILLE, GEORGE J 22 NAME NAME 5419.BLUEBERRY HILL AVE. 2.3 STREET ADDRESS STREET ADDRES LAKE WORTH FL 33463 CITY-ST-ZP 2.4 OTY-63-ZP DELETE ☐ Change ☐ Addition TITLE 31 TIDE MANAG RESCH, JOHN C. 32 NAME 6125 BLUEGRASS CIRCLE STREET ADDRESS 3.3 STREET ADDRESS LAKE WORTH FL 33483 CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-SI-ZIP Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 cath; 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 chapters, or only an attachment with an address, with all other like empowered.

51 TILE

52 NAME 5.3 STREET ADDRESS

6.1 TITLE

82 NAME 6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

DELETE

☐ DELETE

SIGNATURE:

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

Change

☐ Change