

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90130 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000031830

1. Corporation Name
ALL-PRO AIR CONDITIONING, INC.

Principal Place of Business 6125 BLUEGRASS CIRCLE LAKE WORTH FL 33463	Mailing Address 6125 BLUEGRASS CIRCLE LAKE WORTH FL 33463
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/06/1998

4. FEI Number 65-0824443	Applied For <input type="checkbox"/> Not Applicable
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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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 1408 Crest Dr Suite, Apt. #, etc.	2a. Mailing Address 26 1408 Crest Dr Suite, Apt. #, etc.
23 Lake Worth City & State 24 FL 25 USA Zip Country	27 Lake Worth City & State 29 33461 30 USA Zip Country

9. Name and Address of Current Registered Agent
ZETTLER, MARK A
1408 CREST DR.
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZETTLER, MARK A	1.2 NAME	
STREET ADDRESS	1408 CREST DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33481	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDEVILLE, GEORGE J	2.2 NAME	
STREET ADDRESS	5419 BLUEBERRY HILL AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33483	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESCH, JOHN C	3.2 NAME	
STREET ADDRESS	6125 BLUEGRASS CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33483	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: Mark A Zettler **MARK A ZETTLER** 1-22-99 561-586-3012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)