


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90014 013 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000063567 1. Corporation Name TEMPZONE AIR CONDITIONING, INC.					
Principal Place of Business 135 E. LUCY ST. FLORIDA CITY FL 33034			Mailing Address 135 E. LUCY ST. FLORIDA CITY FL 33034		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
3. Date Incorporated or Qualified 07/17/1998			4. FEI Number 65-0842778		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Name and Address of Current Registered Agent MCKECHNIE, THOMAS E 20750 SW 394TH ST. HOMESTEAD FL 33034			10. Name and Address of New Registered Agent 81 Name CONNIE H. SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 20790 SW 398 ST 83 84 City HOMESTEAD FL 85 Zip Code 33034		
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 CONNIE H. SMITH CONNIE H. SMITH (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-STATE-ZIP P SMITH, CONNIE H. 135 E. LUCY ST. FLORIDA CITY FL 33034 <input type="checkbox"/> DELETE V SMITH, LARRY 135 E. LUCY ST. FLORIDA CITY FL 33034 <input type="checkbox"/> DELETE T MCKECHNIE, THOMAS E 135 E. LUCY ST. FLORIDA CITY FL 33034 <input checked="" type="checkbox"/> DELETE (Empty rows follow with DELETE checkboxes)			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE V/T 3.2 NAME LARRY SMITH 3.3 STREET ADDRESS 135 E. LUCY ST 3.4 CITY-STATE-ZIP FLA CITY FL 33034 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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: LARRY SMITH			7-14-99 305-245-6355		

CR2E034 (5/99)