SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -8 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S15093** **(5)**

1. Corporation Name
MTS AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
135 ALCAZAR ST ROYAL PALM BEACH FL 33411	135 ALCAZAR ST ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/26/1990
3a. Date of Last Report: 09/26/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0231423	☐ Applied For ☐ Not Applicable
21 370 Business Pky. #115	26 370 Business Pky.		
Suite, Apt. #, etc. 22 #115	Suite, Apt. #, etc. 27 #115	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Royal Palm Beach, FL.	City & State 28 Royal Palm Beach, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / County 24 33411 / 25 Palm Beach	Zip / County 29 33411 / 30 Palm Beach.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSS, BRIAN R. 135 ALCAZAR ST ROYAL PALM BEACH FL 33411	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	ROSS, BRIAN R.	12 NAME	
STREET ADDRESS	135 ALCAZAR ST.	13 STREET ADDRESS	12863 63rd LANE NORTH
CITY-ST-ZIP	ROYAL PALM BEACH FL	14 CITY-ST-ZIP	WEST Palm Beach, FL. 33412
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	ROSS, CYNTHIA M.	22 NAME	
STREET ADDRESS	135 ALCAZAR ST.	23 STREET ADDRESS	12863 63rd LANE NORTH
CITY-ST-ZIP	ROYAL PALM BEACH FL	24 CITY-ST-ZIP	WEST Palm Beach, FL. 33412
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Brian R Ross 8-2-95 407-793-0539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004413 CP