**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90032 036 \*\*\*150.00

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DOCUMENT # S3533	• •
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1 Cornoration Name	_

SECURE AIR CONDITIONING, INC.

L						<u> </u>	
Principal Place	e of Business	Mailing Address					
4406 EXCHANG	e avenue	4406 EXCHANGE AVE					
SUITE 125 STE 125					DO NOT WRITE IN THIS SPACE		
NAPLES FL 341	04-7051	NAPLES FL 33942			3. Date Incorporated or Qualifed	IIS SPACE	
US		US			_ · · · · · · · · · · · · · · · · · · ·		Į
		10 11 11 11			02/19/1991		
	ace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			65-0278743		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	• •	Additional equired
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25	29 30	}		Personal Property Tax.	☐Yes	<b>X</b> No
	9. Name and Address of Curren				10. Name and Address of New Registers	ed Agent	
			81	Name			
TOR	SELL, GENE R		00	Oten ed & dad	(D.O. Bou Mushos in Not Accessible)		
4406	EXCHANGE AVE		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUIT	E 125		83				
NAPI	LES FL 33942						
			84	City	F	85 Zip	Code
11 Durement	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes 1	the above	e-named com	poration submits this statement for the nurnose	of changing its	s registered
office or re	egistered agent, or both, in the State	of Florida. Such change was autho	orized by	the corporati	on's board of directors. I hereby accept the app	pointment as r	egistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes				
SIGNATURE					ed when reinstating) DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	t signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	p OFFICERS AIN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE NO	THE DIVEOR	
		□ DELETE .	11 TITLE			Change	Addition
NAME		☐ DELETE :	1.1 TITLE	}		Change	
	TORSELL, GENE R	☐ DELETE +	1.2 NAME			Change	
STREET ADDRESS	TORSELL, GENE R 4406 EXCHANGE AVE #125	□ DELETE	1.2 NAME 1.3 STREET	Į.		☐ Change	
CITY-\$T-ZIP	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL		1.2 NAME 1.3 STREET 1.4 CITY-S	Į.			☐ Addition
CITY-\$T-ZIP	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	Į.		☐ Change	
CITY-\$T-ZIP	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V TORSELL, KAREN E	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP			☐ Addition
CITY-\$T-ZIP	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V TORSELL, KAREN E 4406 EXCHANGE AVE #125	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	T-ZIP			☐ Addition
CITY-\$T-ZIP TITLE NAME	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V TORSELL, KAREN E	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	T-ZIP		☐ Change	☐ Addition
CITY-\$T-ZIP TITLE NAME STREET ADDRESS	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V TORSELL, KAREN E 4406 EXCHANGE AVE #125	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V TORSELL, KAREN E 4406 EXCHANGE AVE #125	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	T-ZIP		☐ Change	☐ Addition
CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V TORSELL, KAREN E 4406 EXCHANGE AVE #125	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T-ZIP  ADDRESS  T-ZIP		☐ Change	☐ Addition
CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V TORSELL, KAREN E 4406 EXCHANGE AVE #125	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T-ZIP  T ADDRESS T-ZIP  T ADDRESS		☐ Change	☐ Addition ☐ Addition ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V TORSELL, KAREN E 4406 EXCHANGE AVE #125	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET	T-ZIP  T ADDRESS T-ZIP  T ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V TORSELL, KAREN E 4406 EXCHANGE AVE #125	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	T-ZIP  T ADDRESS T-ZIP  T ADDRESS		☐ Change	☐ Addition ☐ Addition ☐ Addition
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CITY-\$1-ZIP TITLE NAME STREET ADDRESS	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V TORSELL, KAREN E 4406 EXCHANGE AVE #125	☐ DELETE ☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		☐ Change ☐ Change	Addition Addition Addition
CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V TORSELL, KAREN E 4406 EXCHANGE AVE #125	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET	T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		☐ Change ☐ Change	Addition Addition Addition
CITY-\$1-ZIP TITLE NAME STREET ADDRESS	TORSELL, GENE R 4406 EXCHANGE AVE #125 NAPLES FL V TORSELL, KAREN E 4406 EXCHANGE AVE #125	☐ DELETE ☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.4 CITY-S 5.5 STREET 5.4 CITY-S	T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP