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	PROFIT
•	CORPORATION
	ANNUAL REPORT



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

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DOCUMENT # S47716 (3) AIR CONDITIONING BY SPEEDY, INC. Principal Place of Business Mailing Address 9765 NW 19TH PL SUNRISE FL 33322 US Mailing Address 1760 S.W. 21ST ST. FT. LAUDERDALE FL 33315										
							 Date Incorporated or Qualified 04/17/1991 		of Last F	
2. Principal P	lace of Busines	SS	2a.	Mailing Address			4. FEI Number			Applied For
Suite, Apt.	# oto		26	D. 24 - 4 - 1 - 0 - 4			65-0259962			Not Applicable
22	*, e.c.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & Stati 23	е		28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.0	May Be
Zip 24		Country		Zip	Count	try	8. This corporation has liability for	intangible ta	Adde x under s	d to Fees 199.032,
£4		25 nnd Address of Cui	29 rent Registe	red Agent	30		_	No □No		
			Tent negiste	ied Ageilt	8	1 Name	10. Name and Address of New I	Registered	Agent	
BERNDO	GEN, MICHA	EL W CPA			L					
2450 H(OLLYWOOD				8	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
STE 308					8	3				
HOLLYV	VOOD FL 33	020			8	4 City			85 Zi	o Code
11. Pursuant t	to the menulais.					1		FL	1 1 1	
	to the provision	ns of Sections 607.0	502 and 607.	1508 Florida Stati	utes the above	l annual como	vision cultimite this statement for the nu			1 20
or register familiar wit	red agent, or b ith, and accept	ns of Sections 607.0 oth, in the State of F the obligations of, S	502 and 607. Iorida. Such c ection 607.05	1508, Florida Stati hange was author 05, Florida Statut	utes, the above rized by the cores	I -named corpor poration's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of cha ointment as	nging its r registered	egistered office agent. I am
SIGNATURE		and transported by	.00	oo, i londa otatuti	utes, the above rized by the cor es.	I e-named corpor rporation's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of cha ointment as	nging its r registered	egistered office agent. I am
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I do 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)(k). 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:

Study James R. SHEEDY Ales.

4-22-96 (954) 741-2868
Destine Phone #