

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S56978 (7)

1. Corporation Name

CONDITIONEDAIR & ASSOCIATED CONTRACTORS, INC.



Principal Place of Business

Mailing Address

6704 NW 192ND TERRACE  
MIAMI LAKES FL 33015-2456

6704 NW 192ND TERRACE  
MIAMI LAKES FL 33015-2456

3. Date Incorporated or Qualified  
06/03/1991

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 540 N.W. 165 ST RD.

26 540 N.W. 165 ST. RD.

4. FEI Number

65-0413800

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 305C

27 SUITE 305C

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

City & State

City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33169

25

29 33169

30

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

MILES, HUGH A  
6704 NW 192 TER  
MIAMI FL 33015

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2367 S.W. 177 AVENUE

83

84 City

MIRAMAR

FL

85 Zip Code

33029

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT  
NAME MILES, HUGH A.  
STREET ADDRESS 6704 NW 192ND TERRACE  
CITY-ST-ZIP MIAMI LAKES FL

TITLE D  
NAME ROSE, SANDY  
STREET ADDRESS 4353 NW 202 ST  
CITY-ST-ZIP MIAMI FL

TITLE DS  
NAME MILES, SANDRA  
STREET ADDRESS 6704 NW 192 TER  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME ROSE, JOAN  
STREET ADDRESS 4353 NW 202  
CITY-ST-ZIP MIAMI FL

TITLE DV  
NAME ROBERTS, KENNETH  
STREET ADDRESS 4510 NW 32 ST  
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE DPT  
12 NAME MILES, HUGH  
13 STREET ADDRESS 2367 S.W. 177 AVENUE  
14 CITY-ST-ZIP MIRAMAR FL 33029

21 TITLE D  
22 NAME ROSE, SANDY  
23 STREET ADDRESS 2367 S.W. 177 AVENUE  
24 CITY-ST-ZIP MIRAMAR FL 33029

31 TITLE DS  
32 NAME MILES, SANDRA  
33 STREET ADDRESS 2367 S.W. 177 AVENUE  
34 CITY-ST-ZIP MIRAMAR FL 33029

41 TITLE D  
42 NAME ROSE, JOAN  
43 STREET ADDRESS 2718 S.W. 177 AVENUE  
44 CITY-ST-ZIP MIRAMAR FL 33029

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUGH MILES.

6/30/96 (305) 949-8101

CR2E034 (3/96)