FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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
540 NW 165 ST RD 305C MIAMI FL 33169 US	540 NW 165 ST RD 305C MIAMI FL 33169 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1991

4. FEI Number: 65-0413800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MILES, HUGH A
2367 S W 177 AVENUE
MIRAMAR FL 33015

10. Name and Address of New Registered Agent

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, typed or printed 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 IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE	D P	☑ Change ☐ Addition
NAME	MILES, HUGH A.		1.2 NAME	MILES, HUGH A.	
STREET ADDRESS	2367 SW 177 AVENUE		1.3 STREET ADDRESS	2367 S.W. 177 AVENUE	
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSE, SANDY		2.2 NAME		
STREET ADDRESS	2718 S W 177 AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILES, SANDRA		3.2 NAME		
STREET ADDRESS	2367 S W 177 AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D T	☑ Change ☐ Addition
NAME	ROSE, JOAN		4.2 NAME	ROSE, JOAN	
STREET ADDRESS	2718 S W 177 AVENUE		4.3 STREET ADDRESS	2718 S.W. 177 AVENUE	
CITY-ST-ZIP	MIRAMAR FL		4.4 CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	DV	☐ DELETE	5.1 TITLE	000002520380	☐ Change ☐ Addition
NAME	ROBERTS, KENNETH		5.2 NAME	-05/12/98--01055--016	
STREET ADDRESS	4510 NW 32 ST		5.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP	LAUDERDALE LAKES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	000002520380	☐ Change ☐ Addition
NAME			6.2 NAME	-05/12/98--01055--017	
STREET ADDRESS			6.3 STREET ADDRESS	***8.75	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: _____ HUGH A. MILES 5/8/98