

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90103 022 ***158.75

DOCUMENT # V14064

1. Corporation Name

AIR CONDITIONING ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

8074 WEST 21ST COURT
HIALEAH FL 33016

Mailing Address

8074 WEST 21ST COURT
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1992

2. Principal Place of Business

2a. Mailing Address

21 8362 Pines Blvd.

26 8362 Pines Blvd.

Suite, Apt. #, etc.
22 #390

Suite, Apt. #, etc.
27 #390

City & State

23 Pembroke Pines, FL

City & State

28 Pembroke Pines, FL

Zip Country

24 33024 25 USA

Zip Country

29 33024 30 USA

4. FEI Number

65-0312255

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SIGVARD K. STENMARK

~~9914 N.W. 52 STREET~~

SUNRISE FL 33351

ADDRESS CHANGE ONLY

10. Name and Address of New Registered Agent

81 Name

Sigvard K. Stenmark

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

5200 N. W. 99th Ave.

83

84 City

Sunrise,

FL

85 Zip Code

33351

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

TITLE PDST
NAME STENMARK, SIGVARD K.
STREET ADDRESS 9914 N.W. 52 STREET
CITY-ST-ZIP SUNRISE FL 33351

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

5200 N. W. 99 Ave.

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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 incorporator 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.

SIGNATURE:

Sigvard K. Stenmark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

954-964-0790

Daytime Phone #

CR2E034 (11/98)