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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V17253** **(8)**

1. Corporation Name

TECH-AIR OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
~~1510 LATHAM RD~~ ~~WEST PALM BEACH FL~~	~~307 N. FEDERAL HWY.~~ ~~LAKE WORTH FL 33460~~ ~~US~~

3. Date Incorporated or Qualified: 02/26/1992	3a. Date of Last Report: 04/03/1995
4. FEI Number: 65-0315108	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2700 NORMAN ROAD	26 2700 NORMAN RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. —
23 City & State: WEST Palm Beach, Fla	28 City & State: WEST PALM BEACH, FLA
24 Zip: 33409 25 Country	29 Zip: 33409 30 Country: USA

9. Name and Address of Current Registered Agent

ROSE, WILLIAM H. F.
~~307 N. FEDERAL HWY~~
~~LAKE WORTH FL 33460~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 2700 NORMAN DRIVE

83 WEST PALM BEACH FLA.

84 City: FL 85 Zip Code: 33409

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS ROSE, WILLIAM H. F., IV ~~307 N. FEDERAL HWY.~~ ~~LAKE WORTH FL~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 2700 NORMAN DR WEST PALM BEACH FLA 33460
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ROSE, WILLIAM H. F., IV ~~307 N. FEDERAL HWY.~~ ~~LAKE WORTH FL~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition SAME AS ABOVE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAY HARTSOCK - DIRECTOR 2700 NORMAN DRIVE WEST PALM BEACH Fla 33409	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition ← NEW
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added or an attached list with an address.

SIGNATURE: (X) _____ 1/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #