09231999-90004-032-$550.00-$550.00

1999.

AMOUNT DUE ON OR BEFORE 05/1/1999: $550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.

0072317

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -5 PM 12:16

DOCUMENT # V17253

1. Corporation Name

TECH-AIR OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
2700 NORMAN RD WEST PALM BEACH FL 33409 US	2700 NORMAN RD LAKE WORTH FL 33409 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1992

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 owes the current year Intangible Personal Property. ☐ 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

ROSE, WILLIAM H. F.
2700 NORMAN DR
W PALM BCH FL 33409

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 607.1506, 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
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	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, WILLIAM H. F., IV		1.2 NAME	
STREET ADDRESS	2700 NORMAN DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, HENRY H.G.		2.2 NAME	
STREET ADDRESS	2700 NORMAN DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARTSOCK, JAY		3.2 NAME	
STREET ADDRESS	2700 NORMAN DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROGE, G		4.2 NAME	
STREET ADDRESS	2700 NORMAN DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL 33489		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

$61.04

CR2E034 (5/99)

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: [signature] 9/30/99 561/686-3183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #