

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V54086**

(6)

1. Corporation Name

MARRA AIR CONDITIONING SERVICES, INC.

Principal Place of Business

**600 S. KISSIMMEE AVE.
OCOE FL 34761**

Mailing Address

**600 S. KISSIMMEE AVE.
OCOE FL 34761**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/22/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3136528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21 Suits, Apt. #, etc.

2a. Mailing Address

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**ROMANO, ERNESTO
102 W. COLUMBUS STREET
OCOE FL 34761**

10. Name and Address of New Registered Agent

81 Name **Romano, Ernest**

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0609 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 registering)

DATE

4-27-95

12. OFFICERS AND DIRECTORS

P
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ROMANO, ERNEST
102 W. COLUMBUS ST.
OWEE FL 34761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
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)(4), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Typed Name)

Ernest Romano 4-27-95 407 8776765