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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

MARRA AIR CONDITIONING SERVICES, INC.

Principal Place of Busine						
600 S. KISSIMMEE AVE. OCOEE FL 34761		800 S. KISSIMA OCOEE FL 347	DOI			
		3. Date Incorporated or 07/22/1992				
2. Principal Place of Business 21		2a. Mailing Add	4. FEI Number 59-3136528			
Suite, Apt. #, etc.		Suite, Apt #	Certificate of Status D Election Campaign Fi Trust Fund Contribution			
City & State		Crty & State				
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes Personal Property Tax		
g, Nam	10. Name and Address					

FILED May 12 1998 8:00am Secretary of State



600 S. KISSIMMEE AVE. OCOEE FL 34761 600 S. KISSIMMEE AVE. OCOEE FL 34761				1.					ITE IN THE SPACE					
								3.	Date Incorporated or Qualified 07/22/1992					
2. Principal Place of Business 2a. Mailing Address				4. FEI Numb							ied For			
21		26	 				59-3136528				Applicable			
Suite, Apt.	. #, etc.		27	uite, Apt #, etc.				6.	Certificate of Status Desired			75 Add e Requ		
City & Stat	City & State			City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
Zip 24	21	Country 5	29 Z	ľφ	30 Co.	ntry		8.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	g. Name a	nd Address of Cur	rent Register	red Agent				10.	Name and Address of New Ro	gistered /	Agent			
	MANO, ERNI					81	Name							
102 W. COLUMBUS STREET OCOEE FL 34761					82	Street Ac	idress (P	O. Box Number is Not Accepta	ble)					
						83								
						84	City			FI	85	Zip Co	de	
office or r	registered ager	ns of Sections 607 (nt, or both, in the St , and accept the ob	ate of Florida.	. Such change was	authorize	d by	the corpo	orporation ration's b	n submits this statement for the poard of directors. I hereby acce	purpose of pt the app	changi ointmer	ing its r	egistered gistered	
SIGNATURE	Signature, typed or	printed name of registered	agent and title if a	pplicable (NC	TE Registere	d Age	nt signalura red	quired when	reinstating)	DATE				
12.		OFFICERS	AND DIRECT		13.				ADDITIONS/CHANGES TO OFFI	CERS AND	_		_	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P ROMANO, 102 W. CO OCOEE F	OLUMBUS ST.		DELETE	1.1 TI 1.2 N/ 1.3 SI 1.4 GI	ile VME 'reet Ty-s'	ADDRESS /	VP 15a 02 u DC08	Romano u. Columbus S ee, FL 3476	7-			Addition	
TITLE				DELETE	2.1 11	ıœ		_	•		Cha	nge (Addition	
NAME	ļ				2.2 N									
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP TITLE				DELETE	2.4 C		I - ZIP		· · · · · · · · · · · · · · · · · · ·		Cha	nne	Addition	
NAME				- beter	3.1 N						••••	g~ t	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP							T-ZIP							
TITLE		111		DELETE	4.1 TI						Cha	nge	Addition	
NAME					4.2 N	AME	-							
STREET ADDRESS					4.3 ST	REET	ADDRESS							
CITY-ST-ZIP					4.4 CI	TY-S	T- ZIP							
TITLE				☐ DELETE	5.1 7	TLE					Cha	nge	Addition	
NAME					5.2 N	ME								
STREET ADDRESS					5.3 S1	REET	ADDRESS							
CITY-ST-ZIP					5.4 CI	TY - S	T-ZIP						_	
TITLE				☐ DELETE	6.1 TI	TLE					☐ Cha	nge [Addition	
NAME					6.2 N	ME								
STREET ADDRESS					6.3 SI	REET	ADDRESS							
CITY OF THE	Į.				640	TV 61	710							

14. Thereby 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 suppliemental 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 of the receiver or true of inpowered 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 attach might within address.