## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthan ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (3)AMP AIR CONDITIONING AND REFRIGERATION, INC. Principal Place of Business Mailing Address 3531 NW 19ST 5089 NW 41 PLACE LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33319 US 3. Date Incorporated or Qualified 3a. Date of Last Report 10/05/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3531 N Suite, Apt #, etc. MW 5089 NW 41 65-0365160 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required Orty & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199,032, 25 Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NABIE, NAZAM 82 Street Address (P.O. Box Number is Not Acceptable) 5089 NW 41 PLACE 83 **LAUDERDALE LAKES FL 33319** 84 City 85 Zip Code 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. Styriative, typed or printed name of registered ago it and finite if applicable (Red to Hilly steed J. Agent signature required when her state gr CR2E034 (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE THILE 1 1 TITLE ☐ Change ☐ Addition NABIE, NAZAM NAME 1.2 NAME STREET ADDRESS 5089 NW 41 PLACE 1.3 STREET ADDRESS LAUDERDALE LAKES FL CITY - ST - ZIP 14 CITY - \$1 - ZIP TITLE DELETE 2 1 TITLE Change ☐ Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CHY - ST - ZIF TITLE [") DELETE 3 1 THEF Change Addition NAMÉ 3.2 NAME STREET ADDRESS. 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELFTE 4 1 IIILE ☐ Change Add tion NAMé 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE TITLE 6 1 TITLE Change Addition Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 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)(iii), 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 eath, that I am an officer or director of the corporation or the receive or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 12 if manued, or on an attachment with an address.

SIGNATURE:

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MAZAM MAGIE IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

langed, or on an attachment with an address.

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