

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90230 047 ***150.00

DOCUMENT # V73319

1. Corporation Name

ASSOCIATED AIR PRODUCTS OF PALM BEACH, INC.

Principal Place of Business

2324 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address

2324 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1992

4. FEI Number

65-0376548

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 Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2125 N. Commerce Pkwy
Suite, Apt. #, etc.

2a. Mailing Address

26 2125 N. Commerce Pkwy
Suite, Apt. #, etc.

City & State

23 WESTON, FL

City & State

28 WESTON, FL

Zip

24 33326

Country

25 USA

Zip

29 33326

Country

30 USA

9. Name and Address of Current Registered Agent

DICKINSON, WALTER
2324 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

DICKINSON, WALTER C

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

2125 N. Commerce Pkwy

83

84 City

WESTON

FL

85 Zip Code

33326

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

Walter C. Dickinson

WALTER C. DICKINSON

4-30-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DICKINSON, WALTER
STREET ADDRESS 2324 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☒ DELETE

NAME DICKINSON, LUCILLE
STREET ADDRESS 2324 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE

NAME DICKINSON, WALTER C.
STREET ADDRESS 2324 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME DICKINSON, WALTER
1.3 STREET ADDRESS 2125 N. Commerce Pkwy
1.4 CITY-ST-ZIP WESTON, FL 33326

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE DP ☒ Change ☐ Addition

3.2 NAME DICKINSON, WALTER C
3.3 STREET ADDRESS 2125 N. Commerce Pkwy
3.4 CITY-ST-ZIP WESTON, FL 33326

4.1 TITLE DVT ☐ Change ☒ Addition

4.2 NAME DICKINSON, JANICE C
4.3 STREET ADDRESS 2125 N. Commerce Pkwy
4.4 CITY-ST-ZIP WESTON, FL 33326

5.1 TITLE VS ☐ Change ☒ Addition

5.2 NAME MACOMBER, BONNIE L
5.3 STREET ADDRESS 2125 N. Commerce Pkwy
5.4 CITY-ST-ZIP WESTON, FL 33326

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME SLEY, DWIGHT
6.3 STREET ADDRESS 2125 N. Commerce Pkwy
6.4 CITY-ST-ZIP WESTON, FL 33326

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, with all other like empowered.

SIGNATURE: *Walter C. Dickinson* WALTER C. DICKINSON 4-30-99 954-217-1080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)