

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90130 025 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000031830

1. Corporation Name
ALL-PRO AIR CONDITIONING, INC.

| | |
|---|---|
| Principal Place of Business 6125 BLUEGRASS CIRCLE LAKE WORTH FL 33463 | Mailing Address 6125 BLUEGRASS CIRCLE LAKE WORTH FL 33463 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------------|-------------------------|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/06/1998 | |
| 21 1408 Crest Dr | 26 1408 Crest Dr | 4. FEI Number 65-0824443 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 City & State Lake Worth | | 27 City & State Lake Worth | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 Zip FL Country USA | | 28 Zip 33461 Country USA | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 FL | | 25 USA | | 29 33461 | |
| 30 USA | | 31 33461 | | 32 USA | |

| | | | |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent ZETTLER, MARK A 1408 CREST DR. LAKE WORTH FL 33461 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| | | 85 Zip Code FL | |

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZETTLER, MARK A | 1.2 NAME | |
| STREET ADDRESS | 1408 CREST DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL 33481 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARDEVILLE, GEORGE J | 2.2 NAME | |
| STREET ADDRESS | 5419 BLUEBERRY HILL AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL 33483 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RESCH, JOHN C | 3.2 NAME | |
| STREET ADDRESS | 6125 BLUEGRASS CIRCLE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL 33483 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Mark A. Zettler **MARK A. ZETTLER** 1-22-99 561-586-3012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)