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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L04043

A1A AIR CONDITIONING & APPLIANCE SERVICE, INC.

	- Constitution	Mailing Address				IIN diabe in biblic		
Principal Place		•	7004.4				•	
18953 SW 309TH STREET POST OFFICE BOX 570214 HOMESTEAD FL 33030 MIAMI FL 33257-0214		70214		•	:	•		
HORESIERD II	. 30050	WITHIN TE OCCUT OF T		1	DO NOT	WRITE IN THIS	SPACE	
		•			3. Date Incorporated or Qua	lifed		
					07/21/1989			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 .	is the second of	26			65-0133922	·	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire		\$8.75	Additional
22		27			5. Certificate of Status Desire	<u>~ ~ </u>	Fee Re	quired
City & Stati	e	City & State			6. Election Campaign Finance	cing \square	\$5.00	May Be
23		28			Trust Fund Contribution		Added t	to Fees
Zip	Country '	Zip		ountry	8. This corporation owes the	current year Int		_ `
24	25	29	30		Personal Property Tax.		Yes	□No
<u>- 1</u>	. 9. Name and Address of Current	Registered Agent			10. Name and Address of N	lew Registered	Agent	
				81 Name				ļ
BLA)	YLOCK, GRADY K.	And the property of the second		82 Street Ade	dress (P.O. Box Number is Not Ac	centable)		
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				04 04	epit e a la		85 Zip (Códe
	•			84 City		FL	. 63 Eab ,	Code
AND DOMESTICAL	to the provisions of Sections 607.0502	and 607.1508, Florida S	Statutes, the	above-named cor	rporation submits this statement fo	r the purpose of	changing its	registered
Pursuam.						accept the appoi	intment as re	
office or r	ogistored agent or both in the State C	N Florida Such change w	vas autnonz	en ny the comora	ition's board of directors. I hereby a	accopt and appea		gistered
office or r	egistered agent, or both, in the State orn familiar with, and accept the obligation	N Florida Such change w	vas autnonz	en ny the comora	ation's board of directors, I hereby a			gistered
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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)(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.

6.4 CITY-ST-ZIP

SIGNATURE:



FILED Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90015 003 ***158.75