

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9: 33

DOCUMENT # M59064 (9)
1. Corporation Name
A-1 AIR CONDITIONING OF PALM BEACH COUNTY INC.

Principal Place of Business Mailing Address
3567 LOTHAIK AVE. BOYNTON BEACH FL 33436 **3567 LOTHAIK AVE. BOYNTON BEACH FL 33436**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt. #, etc.		2a State, Apt. #, etc.		09/15/1987	01/20/1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		65-0065231	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**KRITCH, GLENN G
3567 LOTHAIK AVE.
BOYNTON BEACH FL 33436**

10. Name and Address of Now Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	
B5 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

Signature of registered agent and filer (signature) (Print) Registered agent (signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD KRITCH, GLENN G	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3567 LOTHAIK AVENUE	1.2 NAME	
STREET ADDRESS	BOYNTON BEACH FL	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	V KRITCH, JEFFERY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3297 PLAZA PLACE	2.2 NAME	
STREET ADDRESS	LANTANA FL 33462	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	S STAINBACK, DERON	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1858 PRIMROSE LANE	3.2 NAME	
STREET ADDRESS	WELLINGTON FL 33414	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		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		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		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, the filer, certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the exemption stated in Section 199.032(6), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or business organization to be included in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Glenn KRITCH* *Sandra Morham* 1/19/95 407 736 2650
SIGNATURE AND TYPED OR PRINTED NAME OF DRIVING OFFICER OR DIRECTOR (Filer) (Notary Public)