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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(0)

M. A. P. MECHANICAL CONTRACTORS, INC.

**FILED** Mar 31 1998 8:00am Secretary of State



1						
Principal Plac	e of Business	Mailing Address				YNDYN DYDYN BYRNI DYDYN DYDLY YDDI
26275 SW 197TH AVE. 26275 SW 197TH AVE.			=			
HOMESTEAD FL 33031		HOMESTEAD FL 33031				
					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified 07/12/1982	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	/ Applied For
21 26				59-2220015	Not Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.		<u>-</u>		5. Certificate of Status Desired	\$8.75 Additional	
22 27				8. Certificate of Status Desired LD	Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23					Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Countr		8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30.	∐ Yes ∐ No
	9. Name and Address of Curr	ant Registered Agent	·	81 Name	10. Name and Address of New Registere	d Agent
reen, oonia k						
26275 SW 197TH AVE HOMESTEAD FL 33031				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
				83		
				84 City		85 Zip Code
					F	
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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registered a	<del></del>		d Agent signature requi		
12.	OFFICERS A	ND DIRECTORS  DELETE	13.	,,, T	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PEEK, JOHN K		1.1 TI	-		L. Change L. Addition
NAME	26275 SW 197TH AVE		1.2 N			
HOMEOTEAD EL				REET ADDRESS		
CITY-ST-ZIP	110mE01EAD 1 E	DELETE	1.4 CI 2.1 TI	TY-ST-ZIP		Change Addition
TITLE		ال مددداد		1		Citalinge CT Magitton
NAME:			2.2 N/	]		
STREET ADDRESS				REET ADDRESS		
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NAME			3.2 N/			
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NAME CENTER ADDOLES			5.2 N/	i i		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 Cf	TY-ST-ZIP		Change Addition
TITLE				-		Cherife Chyonigin
NAME			6.2 N/			
STREET ADDRESS			1	REET ADDRESS		
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP		

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 the good or open attackment with an address.