

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

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90018 004 *1,108.75

0346205

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **F98000000575**

1. Corporation Name
N & M HEATING & COOLING SERVICES, INC.

Principal Place of Business
**500 FAIRWAY DR., #205
 DEERFIELD BEACH FL 33441**

Mailing Address
**500 FAIRWAY DR., #205
 DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1998	4. FEI Number APPLIED FOR 65-0809139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

2. Principal Place of Business 21 13680 NW 5TH STREET Suite, Apt. #, etc. 22 SUITE 200 City & State 23 SUNRISE, FL Zip 24 33325	2a. Mailing Address 26 13680 NW 5TH STREET Suite, Apt. #, etc. 27 SUITE 200 City & State 28 SUNRISE, FL Zip 29 33325	Country 25 US	Country 30 US
--	---	-------------------------	-------------------------

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--	---

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 NAME STREET ADDRESS CITY-ST-ZIP	PD NEWELL, DANIEL K 500 FAIRWAY DR., #205 DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C/P/D JOHNSON, PATRICK L. 13680 NW 5TH STREET SUITE 200 SUNRISE FL 33325-6223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MICKELSON, G M 500 FAIRWAY DR., #205 DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T/AS/D PAPADAKIS, JOAN R. 13680 NW 5TH STREET SUITE 200 SUNRISE FL 33325-6223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS YOUNGER, CHRISTOPHER J 500 FAIRWAY DR., #205 DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/S SNIDER, MARK D. 13680 NW 5TH STREET SUITE 200 SUNRISE FL 33325-6223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAPADAKIS, JOAN 500 FAIRWAY DR., #205 DEERFIELD BEACH FL 33441 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	AS DIETRICH, ALAN D. 125 SOUTH DAKOTA AVENUE SUITE 1100 SIOUX FALLS SD 57104-6403 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIETRICH, ALAN D 500 FAIRWAY DR., #205 DEERFIELD BEACH FL 33441 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACHMAN, SUSAN A 500 FAIRWAY DR., #205 DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mickelson* **SIGNATURE REQUIRED** *President* 6/29/99 (954) 835-1800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)