


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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90084 008 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P94000002666**

1. Corporation Name  
**MASTER MECHANICAL SERVICES, INC.**

Principal Place of Business  
6187 N.W. 167TH ST.  
H-25  
MIAMI FL 33015

Mailing Address  
6187 N.W. 167TH ST.  
H-25  
MIAMI FL 33015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/11/1994</b>	
21		26		4. FEI Number <b>65-0460474</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>PINNA, JOANN</b> <b>16915 NW 52ND PL</b> <b>MIAMI FL 33055</b>				81 Name	<b>JoAnn Pinna</b>
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>49 NE 158 St.</b>
				83	
				84 City	<b>Miami</b>
				85 Zip Code	<b>FL 33169</b>

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b>
NAME	<b>PINNA, JOANN</b>	1.2 NAME	<b>JoAnn Pinna</b>
STREET ADDRESS	<b>16915 NW 52ND PL</b>	1.3 STREET ADDRESS	<b>49 NE 158 St.</b>
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33169</b>
TITLE	<b>V</b>	2.1 TITLE	<b>D</b>
NAME	<b>PINNA, WILLIAM</b>	2.2 NAME	<b>William Pinna</b>
STREET ADDRESS	<b>16915 NE 52ND PLACE</b>	2.3 STREET ADDRESS	<b>49 NE 158 St.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>Miami, FL 33169</b>
TITLE	<b>TD</b>	3.1 TITLE	
NAME	<b>PINNA, SEAN C.</b>	3.2 NAME	
STREET ADDRESS	<b>231 NW 148TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/7/99 305825-3004**

CR2E034 (11/98)