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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000057727

1. Corporation Name  
AIR MECHANICAL SPECIALTIES, INC.

Principal Place of Business

~~BROWARD~~  
~~532 NW 47 AVE~~  
~~COCONUT CREEK FL 33063~~  
~~US~~

Mailing Address

532 NW 47 AVE  
COCONUT CREEK FL 33063  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

65-0599391

Applied For  
Not Applicable

2. Principal Place of Business

21 5500 NW 15 STREET

2a. Mailing Address

26 5500 NW 15 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE M-6

27 SUITE M-6

City & State

City & State

23 MARGATE, FL

28 MARGATE, FL

Zip

Country

Zip

Country

24 33063 25 U.S.

29 33063 30 U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

~~WILSON, ROGER~~  
~~532 NW 47 AVE~~  
~~COCONUT CREEK FL 33063~~

10. Name and Address of New Registered Agent

81 Name ROBERT F MAHONEY, CPA  
82 Street Address (P.O. Box Number is Not Acceptable) 3801 N. FEDERAL HWY  
83  
84 City Pompano Beach FL 85 Zip Code 33064

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.

ROBERT F MAHONEY

3/9/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  DELETE  
NAME WILSON, ROGER  
STREET ADDRESS 532 NW 47 AVE  
CITY-ST-ZIP COCONUT CREEK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  Change  Addition  
1.2 NAME ROGER WILSON  
1.3 STREET ADDRESS 5500 NW 15 STREET, STE M-6  
1.4 CITY-ST-ZIP MARGATE, FL 33063

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(l), 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 ROGER WILSON ROGER WILSON

3/9/99 954-752-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)