

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000045603 (2)
 1. Corporation Name
BLUELINE MECHANICAL, INC.



Principal Place of Business 13968 MARTINIQUE DR. SEMINOLE FL 33776	Mailing Address 13968 MARTINIQUE DR. SEMINOLE FL 33776
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3447851	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PANARO, STEPHEN L 13968 MARTINIQUE DR. SEMINOLE FL 33776				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input type="checkbox"/> DELETE	1.1 TITLE	President (P) (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Stephen L. Panaro
STREET ADDRESS		1.3 STREET ADDRESS	13968 Martinique Dr.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Seminole, FL 33776
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	(V) (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Charles T. Miller
STREET ADDRESS		2.3 STREET ADDRESS	11710 Rodney Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	(S) (T) (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Angela C. Coates-Panaro
STREET ADDRESS		3.3 STREET ADDRESS	13968 Martinique Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Seminole, FL 33776
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *Angela C. Coates-Panaro* Angela C. Coates-Panaro 4/30/98 813-593-0131

CR2E034 (10/97)