

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90017 043 ***150.00

DOCUMENT # 649201

1. Corporation Name
INTERNATIONAL MECHANICAL, INC.

Principal Place of Business
7861 N.W. 55TH STREET
MIAMI FL 33166

Mailing Address
7861 N.W. 55TH STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1979

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

2. Principal Place of Business

21 12981 NW 113th COURT

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33178

Country

25 USA

2a. Mailing Address

26 12981 NW 113th COURT

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLORIDA

Zip

29 33178

Country

30 USA

9. Name and Address of Current Registered Agent

NASH, WILLIAM R
7440 TWIN SABAL DRIVE
MIAMI LAKES FL 33014

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME
NASH, RUSSELL P.
STREET ADDRESS
20341 NW 2 ST
CITY-ST-ZIP
PEMBROKE PINES FL

S ☐ DELETE

NAME
NASH, WILLIAM R, JR
STREET ADDRESS
6530 SW 9TH ST
CITY-ST-ZIP
PEMBROKE PINES, FL 00000

VP ☐ DELETE

NAME
NASH, BENJAMIN
STREET ADDRESS
10505 BERMUDA DR.
CITY-ST-ZIP
COOPER CITY, FL 00000

P ☐ DELETE

NAME
NASH, WILLIAM R
STREET ADDRESS
7440 TWIN SABLA DR
CITY-ST-ZIP
MIAMI LAKES, FL 00000

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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)(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 of William R. Nash
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99

Date

(305) 885-8155

Daytime Phone #

CR2E034 (11/98)

0238861