## 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

DOCUMENT # F92413

## DIVERSIFIED MECHANICAL SYSTEMS & SHEETMETAL, INC

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90001 025 \*\*\*150.00



•									
Principal Place of Business Mailing Address							1)81) VIEN 61611 I	11811 61911 1981	
1901 NW 38TH AVE						DO NOT WRITE IN THIS	S SPACE		
						3. Date Incorporated or Qualifed			
						07/28/1982		ì	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4, FEI Number	Ap	plied For	
2. 1 Mileipar 1 1000 of 000011000		<u>├</u> ¬, -	26			59-2213427	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional	
22		27	27			5. Certificate of Status Desired Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Added 1	to Fees	
Zíp	Country	Zip	Cou	intry		8. This corporation owes the current year Ir	itangible	_	
24	25	29	30			Personal Property Tax.	□Yes	□No	1
	9. Name and Address of Cur	rent Registered Agent		L.,-		10. Name and Address of New Registered	Agent		
				81	Name			ļ	ı
	uler, denise M		82 Stre			ess (P.O. Box Number is Not Acceptable)			ا
	WOODMONT WAY			$\Box$					ļ
TAM	ARAC FL 33311			83					İ
				84	City		85 Zip (	Code	Į
			_	1 1	•	FI			1
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was	authorized	i by tr	named corpo ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changing its intment as re	registered gistered	Í
SIGNATURE						·			}
	Signature, typed or printed name of registered		<u>-</u>	Agent s	signature required	when reinstating) DATE	ND DIDECT(	NOC IN 12	ı 🙊
12.		AND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	(11/98)
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NAME			6.2 N						ł
STREET ADDRESS			6.3 S	INEETA	NODRESS				

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: B

954-484-3162 Davtime Phone #