

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
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90018 004 *1,108.75

DOCUMENT # F98000000575

1. Corporation Name

N & M HEATING & COOLING SERVICES, INC.

Principal Place of Business
500 FAIRWAY DR., #205
DEERFIELD BEACH FL 33441

Mailing Address
500 FAIRWAY DR., #205
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

APPLIED FOR 65-0809139

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 13680 NW 5TH STREET

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 SUNRISE, FL

Zip

24 33325

Country

25 US

2a. Mailing Address

26 13680 NW 5TH STREET

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 SUNRISE, FL

Zip

29 33325

Country

30 US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE PD ☒ DELETE

NAME NEWELL, DANIEL K
STREET ADDRESS 500 FAIRWAY DR., #205
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE VSD ☒ DELETE

NAME MICKELSON, G M
STREET ADDRESS 500 FAIRWAY DR., #205
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE VS ☒ DELETE

NAME YOUNGER, CHRISTOPHER J
STREET ADDRESS 500 FAIRWAY DR., #205
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE T ☐ DELETE

NAME PAPADAKIS, JOAN
STREET ADDRESS 500 FAIRWAY DR., #205
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE S ☐ DELETE

NAME DIETRICH, ALAN D
STREET ADDRESS 500 FAIRWAY DR., #205
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE S ☒ DELETE

NAME BACHMAN, SUSAN A
STREET ADDRESS 500 FAIRWAY DR., #205
CITY-ST-ZIP DEERFIELD BEACH FL 33441

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/P/D ☐ Change ☒ Addition

1.2 NAME JOHNSON, PATRICK L.
1.3 STREET ADDRESS 13680 NW 5TH STREET SUITE 200
1.4 CITY-ST-ZIP SUNRISE FL 33325-6223

2.1 TITLE T/AS/D ☒ Change ☐ Addition

2.2 NAME PAPADAKIS, JOAN R.
2.3 STREET ADDRESS 13680 NW 5TH STREET SUITE 200
2.4 CITY-ST-ZIP SUNRISE FL 33325-6223

3.1 TITLE V/S ☐ Change ☒ Addition

3.2 NAME SNIDER, MARK D.
3.3 STREET ADDRESS 13680 NW 5TH STREET SUITE 200
3.4 CITY-ST-ZIP SUNRISE FL 33325-6223

4.1 TITLE AS ☒ Change ☐ Addition

4.2 NAME DIETRICH, ALAN D.
4.3 STREET ADDRESS 125 SOUTH DAKOTA AVENUE SUITE 1100
4.4 CITY-ST-ZIP SIOUX FALLS SD 57104-6403

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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99

Date

(954) 835-1800

Daytime Phone #

CR2E034 (11/98)

0346205