FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # G82800

(5)

FLORIDA MECHANICAL COOLING SYSTEMS, INC.

Principal Place of Business 2731 N.E. 53RD CT. LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

Suite, Apt. #, etc

City & State

21

22

23

Maling Address

2a. Maling Address

Orty & State

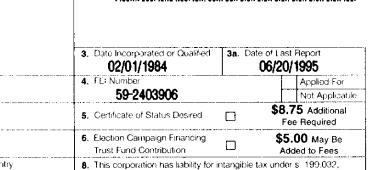
Suite, Apt. #, etc

26

27

28

2731 N.E. 53RD CT. LIGHTHOUSE POINT FL 33064



Ζıρ Country Ζφ 24 25 29 9. Name and Address of Current Registered Agent

aloise, louis a.		
2731 N.E. 53RD CT.		
LIGHTHOUSE POINT	FL	33064

	Florida Statutes 🔀 Yes 📙 No
[10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City F1 85 Zip Code

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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

OLONIATI (DE	
SIGNATURE	
Sonature, typed or proted han a of redestered a personal title if any is activ	(NO E. Ricyslered Agent synatorum

IGNATURE	Signature, typed or pricted han a of redetered agent a	ed the itanya acir (NO b. F	nyslered Agent synaloru r	nspirmal szágnint réfallingi	DATE
2.	OFFICERS AND	DERECTORS	13.	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTORS IN
TLE	PVS	DELETE	1 1 THILE		Change D

30

	Signature, typed or printed han a of redistance, agent and lifter transplication	(RD E. Hisystere) Agent Synatore i	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PV\$ [] DELE	TE 1 THILE	☐ Change ☐ Addition
NAME	ALOISE, LOUIS A.	1.2 NAME	
STREET ADDRESS	2731 N.E. 53RD CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	1.4 CITY - ST - ZIP	
TITLE	DFLF	TE 2 1 TH: E	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2 4 City - SF - ZiF	
THILE	DELE	TE 3 1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
City-ST-ZIP		3.4 CHY - ST - 7(P	
TITLE	DELÉ	TE 4 1 FTLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY -ST-ZIP		4.4 C (TY - ST - Z)F	
TITLE	☐ DELE	TE 5 1 Talle	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
THE	☐ DELE	TE 6 1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STHEET ADDRESS	
1			

6.4 CHTY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trusted employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or changed in an attachment with an address

SIGNATURE

YPEO OR PRINTED NAME OF SIGNING OFFICER OR

DIRECTOR PORCE

CR2E034 (12/95)