

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K10593** (7)

1. Corporation Name
ADVANCE MECHANICAL, INC.



Principal Place of Business
**% MICHAEL J. POLLIO
11881 HERMITAGE DRIVE PLACE
PLANTATION FL 33325**

Mailing Address
**% MICHAEL J. POLLIO
11881 HERMITAGE DRIVE PLACE
PLANTATION FL 33325**

3. Date Incorporated or Qualified **01/05/1988** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**POLLIO, MICHAEL J.
11881 HERMITAGE DRIVE
PLANTATION FL**

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 607.1503, 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. (If not, Registered Agent signature required when not stating DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D POLLIO, MICHAEL J. 11881 HERMITAGE DRIVE PLANTATION FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS		2.1 TITLE	2.2 NAME
CITY - ST - ZIP		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP		4.1 TITLE	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
STREET ADDRESS		5.1 TITLE	5.2 NAME
CITY - ST - ZIP		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
CITY - 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 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: *Michael J. Pollio* **MICHAEL J. POLLIO** 4/20/96 954-474-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)