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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # L68068

(0)

COASTAL MECHANICAL SYSTEMS, INC.

Mailing Address

Principal Place of Business

FILED Mar 16 1998 8:00am Secretary of State



6742 NW 70T FT. Lauderd		6742 NW 70TH AVE. FT. LAUDERDALE FL 33321					
TT. CAUDEAD	WERE I P ANDEL	THE BRODENSMEETE GOOD	TOPLIBREE TE GOOZI		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 04/25/1990		
2. Principal P	face of Business	2a, Mailing Address	2a, Mailing Address		4. FEI Number	Aı	pplied For
21		26			65-0191331	N _i	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	h		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State	· 		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the		tangible
24	25	29	30	<u> </u>	Personal Property Tax due June 30.		□ No
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	LCH, DAVID D.		81	Name			
2401 EAST ATLANTIC BLVD. #400 POMPANO BEACH FL 33062			82	Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City	F	85 Zip	Code
office or r	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a	uthorized by	y the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing it ppointment as	ts registered registered
SIGNATURE							
	Signature, typed or printed name of registered ag			ent signature requ	uired when reinstating) DATE		1
12,	PD	OFFICERS AND DIRECTORS 13.		1	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	MROCZENSKI, DONALD J.	C) vicele	1.1 TITLE 1.2 NAME			C C Range	
	ATAA ABA TATU AM						Į į
STREET ADDRESS	ET LAUDEDDALE EL			ADDRESS			11
CITY-ST-ZIP TITLE			1.4 CITY - S 2.1 TITLE	- ZIP		Change	Addition
NAME	MOODENAM BONAD		2.1 IIICE 2.2 NAME				
STREET ADDRESS	ATAO ARAI TOTLA AVENUE		2.3 STREET	ADDOCCC			1
CITY-ST-ZIP	ET LAUDEDDALF CI		2.4 CITY-		ALC: SPEC		
TITLE			3.1 TITLE	31-ZIF		Change	Addition
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STREET	ADDDCCC			
CITY-SI-ZIP			3.4. CITY -				
TITLE	······································		4.1 TITLE	51-211		Change	Addition
NAME			4. 2 NAME			•	_
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S				
TITLE		DELETE	5.1 TITLE	1-211		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS	•		
CITY-ST-ZIP							
TITLE		DELETE	5.4 CITY - S 6.1 TITLE	1-ZIF		Change	Addition
NAME		the same	6.2 NAME			الم المانية	
STREET ADDRESS	:		6.3 STREET	ADDRESS	·		
ſ				i			J
CITY-ST-ZIP			6.4 CiTY-S	1-70			

I hereby certify that the information supplied with this filling 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if pranged, or on an attachment with an address.