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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005821

1. Corporation Name

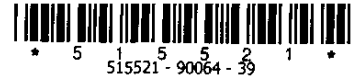
**HYDRO-MECHANICAL CONTRACTORS OF BROWARD COUNTY,
INC.**

Principal Place of Business

3471 NORTH FEDERAL HWY.
FORT LAUDERDALE FL 33306-1048

Mailing Address

3471 NORTH FEDERAL HWY.
FORT LAUDERDALE FL 33306-1048



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/15/1997

4. FEI Number

23-7025802

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

9. Name and Address of Current Registered Agent

GLADE, FRANK L
3471 NORTH FEDERAL HWY.
FORT LAUDERDALE FL 33306-1048

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

FRANK L. GLADE

APRIL 29, 1999

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
FRENZEL, WILLIAM R
3260 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD
BITTNER, DAVIE
4410 SW 102 AVE.
DAVIE FL 33328

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
RICE, KENNETH F
3420 NE 13TH TERR.
POMPANO BCH. FL 33064

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
ROGERS, JAMES
26 N.E. FIRST CT.
DANIA FL 33004

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD
BITTNER, DAVID
4410 S.W. 102 AVE.
DAVIE, FL 33328

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VPD
SMITH, RICHARD
5126 CHARDONNAY DRIVE
CORAL SPRINGS, FL 33067

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 617, 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:

SIGNATURE REQUIRED

FRANK L. GLADE

4/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954/565-8820

CR2E037 (11/98)