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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortnam
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

SIGNATURE: \_

P9300005186 (0)

LIME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O'ROURKE MECHANICAL CORP.

Principal Place of Business Mailing Address				I CONTINUE HE TOTAL HAVE BOTTE DATE	OBSEK OBEST ODIOL OSKOL INDOLUDIN ENIL CODI
3151 SOUTHWEST 136TH AVENUE 3151 SOUTHWEST 136 DAVIE FL 33330 DAVIE FL 33330			36TH AVENUE		
				3. Date incorporated or Qualified 01/19/1993	3a. Date of Last Report 04/20/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0379763	Not Applicable
Suite, Apt. #	, etc.	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Oity & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntang/ole tax under s. 199.032,
24	25	29	30	Florida Statutes 🔲 Yes	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New R	eğistered Agent
0.001.00			81 Name		
	KE, WILLIAM		82 Street Addr	ddress (P.O. Box Number is Not Acceptable)	
	NUTHWEST 136TH AVENUE		83		
DAVIE FI	L 33330		63		
			84 City		FL 85 Zip Code
44 Diversent to	the era in one of Sections 607.0	600 rust 607 1500 Florid Chal	utor, the phone payred correct	ation submits this statement for the pur	
or registere	ed agent, or both, in the State of Fin, and accept the obligations of, S	lorida. Such change was autho	rized by the corporation's boar	d of directors. Thereby accept the appo	binthient as registered agent. Fam
SIGNATURE _	Signature: typed or printed name of registered a	ment a stillburd accomance	rho/1E - Hogestereo Agunt signature respons	Switzen restestation	DATE
12.		AND DIRECTORS	<b>I</b> 13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.17/146		Change Addition
NAME	O'ROURKE, WILLIAM		1.2 NAME		
STREET ADDRESS 3151 SOUTHWEST 136TH AVENUE		I AVENUE	1.3 STREET ADDRESS		
CITY - ST - ZIP	DAVIE FL 33330		1.4 CITY - ST - ZIP		
TITLE		DELETE	2 1 TITLE		Change Maddition
NAME			2.2 NAME		i
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIP			2.4 City+St_ziP		
TITLE		Detete	3 1107.8		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		projection of the second	3.4 CITY ST-ZiP		
TITLE		DEL ÉTE	4 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADERESS		
CITY - ST - ZIP		— 651 F17	4.4 C/TY - ST / Z/P		no.hbbA
TITLE		☐ ĐĒLĒTĒ	5 1 T TLF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-ZIP		DELETE	54 CiTr + S1 + Z-P 6 1 Ti*LE		Change [] Addition
TIFLE		Прин			C outlings C Made 31.
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS 6.4 CITY - ST - ZIP		
14. Edo hereby	v certify that the information supply	ied with this filing is voluntarily f		or the exemption stated in Section 119	07(3)(k), Florida Statutes Trurther
certify that	the information indicated on this a	annual report or supplemental a	innual report is true and accura	ite and that my signature shall have the is report as required by Chapter 607, Fl	same legal effect as if made under

Daytime Prime #