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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90074 001 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300006413

ENVIRO-MECHANICAL INC.

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Principal Plac	ce of Business	Mailing Address			C sees ten jures (this said mill mill Mil	401+6 E1111 E1E0	1 11 989 1111 1 99 1
8230 W 30TH CT		8230 W 30TH CT					
HIALEAH FL 33018		HIALEAH FL 33018		BO 1107 117 117 117 117 117			
03		US			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
2 Principal F	Place of Business	2a. Mailing Address			01/22/1993		
21	lace of Eddiness				4. FEI Number	 	plied For
Suite, Apt.	# etc	Suito Apt # ato			65-0400678		t Applicable
	. n, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional .
City & Sta	ta .	27 City & State				Fee Re	quired
23		├ ── `			6. Election Campaign Financing	\$5.00	
Zip	Country	28	Count		Trust Fund Contribution	Added t	to Fees
24	——————————————————————————————————————			ry	This corporation owes the current year intangible		
24;	9. Name and Address of Cu	29	30		Personal Property Tax.	□Yes	□No
	5. Name and Address Or.Co.	rrent Registered Agent	-	1 Name	10. Name and Address of New Registere	d Agent	
MCI	NICHOLAS, MICHAEL	. '' •	°	Name	•		
400 N.W. 87TH LANE		8	2 Street Add	ddress (P.O. Box Number is Not Acceptable)			
#201		Ĺ		<u> </u>			
	NTATION FL 33324		8	3		. 골존품 같은	
, ,	INTATION FE 33324		8	4 City		85 Zip C	337
	·	7 60			F!	L '	í
11, Pursuant	to the provisions of Sections 607.	0692 and 607.1508, Florida St	tatutes, the abo	ve-named corp	poration submits this statement for the purpose con's board of directors. I hereby accept the appoint	of changing its	registered
agent a	im familiar with and acceptance	ate of Florida, Succe change with attions of Section 607.0505.	as autnorized b . Florida Statute	y tne corporati	on's board of directors. I hereby accept the appoint	ointment as reg	gistered
SIGNATURE			MICHAE			1/5/0	19
					: NICHILAS POES		
SIGNATURE	Signature, typed or printed name of registered		NOTE: Registered Ag		NICHOLAS PRES ad when reinstating) DATE	<u> </u>	<u>'/ </u>
12.	Signature, typed or printed name of registered					ND DIRECTO	RS IN 12
	Signature, typed or printed name of registered	agent and title if applicable. (I	NOTE: Registered Ag	ent signature require	d when reinstating) DATE	ND DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered OFFICERS D MCNICHOLAS, MICHAEL	egent and title if applicable. (I	NOTE: Registered Age	ent signature require	d when reinstating) DATE		
12.	Signature, typed or printed name of registered OFFICERS D MCNICHOLAS, MICHAEL	egent and title if applicable. (I	13. 1.1 TITLE	ent signature require	d when reinstating) DATE		
12. TITLE NAME	Signature, typed or printed name of registered OFFICERS D MCNICHOLAS, MICHAEL	egent and title if applicable. (I	NOTE: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREI	ent signature require	d when reinstating) DATE		
12. TITLE NAME STREET ADDRESS	OFFICERS D MCNICHOLAS, MICHAEL 400 N.W. 87TH LANE, #201	egent and title if applicable. (I	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	ent signature require	d when reinstating) DATE	☐ Change	Addition
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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 607. Florida Statutes; and that my name appears in Block 12 or Block 12 if, chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP