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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000007573 (7)

A J MECHANICAL, INC.

Principal Place of Business 5441 PIERCE ST HOLLYWOOD FL 33021

2. Principal Place of Business

SIGNATURE:

Mailing Address

2a. Mailing Address

5441 PIERCE ST HOLLYWOOD FL 33021

## **FILED** Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified 01/29/1993

119/98

AGI. 989-1977

4. FEI Number

Zip Country Zip Country Age Country Sip Country 8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30.	21		26				0070304271			Not	Applicable
28   28   29   30   28   Trust Fund Contribution   Added to Fet   21   25   29   30   30   30   30   30   30   30   3	<del></del>	. #, etc.	<b>⊢</b>				5. Certificate of Status Desired				
Zip Country Zip Country Zip Country 8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30.	_ ·	te	<del> </del>				. ~ ~		•		-
25   29   30   Personal Property Tax due June 30.   Yes   No  9. Name and Address of Current Registered Agent  FARRA, MIGUEL 2899 S BAYSHORE DR MIAMI FL 33133  82   Street Address (P.O. Box Number is Not Acceptable)  83   Name  84   City   FL   85   Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registing 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 regist agent. I are familiar with, and accept the obligations of, Section 607,505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.3 STREET ADDRESS  CITY-ST-ZIP  HOLLYWOOD FL  14. CITY-ST-ZIP  19. DELETE  1 JITITE  1 D D DELETE  21. TITLE  22. STREET ADDRESS  CITY-ST-ZIP  14. CITY-ST-ZIP  15. TITLE  23. STREET ADDRESS  CITY-ST-ZIP  16. Change  17. Change  18. Name  18. Name  19. Name  19. Name  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  18. Name  19. N		Country		Cou	ntry		<del>}</del>	d the cur			_
9. Name and Address of Current Registered Agent  FARRA, MIGUEL 2699 S BAYSHORE DR MIAMI FL 33133  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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  12. OFFICERS AND DIRECTORS   12. Max   12. Ma	<del></del>	· · · · ·	<b>⊢</b> '	30	-			_			
2699 S BAYSHORE DR MIAMI FL 33133  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City				(55,							
2699 S BAYSHORE DR MIAMI FL 33133  282 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region 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 regist agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITIE  14. OFFICERS AND DIRECTORS IN ITIE  15. SANDERS, JAMES  STREET ADDRESS  CITY-ST-ZIP  TITLE  16. DELETE  17. STREET ADDRESS  CITY-ST-ZIP  TITLE  17. STREET ADDRESS  CITY-ST-ZIP  TITLE  18. CITY-ST-ZIP  TITLE  19.	FA	ARRA, MIGUEI	81	Name							
MIAMI FL 33133    B3	· ·						(5.6.5. )				
Red   City   FL   Red   City					82	Street Addre	ss (P.O. Box Number is Not Acceptable	e) _			
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 regist agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  D					83						
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  D OFFICERS AND DIRECTORS IN 1.1 TITLE  NAME  SANDERS, JAMES  12. NAME  SANDERS, JAMES  12. NAME  SANDERS, JAMES  13. STREET ADDRESS  CITY-ST-ZIP  HOLLYWOOD FL  14. CITY-ST-ZIP  DELETE  21. TITLE  D Change  CREENE, ARNOLD  22. NAME  STREET ADDRESS  STR											
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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SANDERS AND DIRECTORS IN 1.1 TITLE  SANDERS AND DIRECTORS IN 1.1 TITLE  SANDERS SHAPE SAND DIRECTORS IN 1.1 TITLE  SANDERS SHAPE SANDERS SHAPE  SIGNATURE  SIGNATURE  SANDERS, JAMES  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SANDERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SANDERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SANDERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SANDERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SANDERS AND SIGNATURE  SIGNATURE  SANDERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SANDERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SANDERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SANDERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SANDERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SANDERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SANDERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SANDERS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  SANDER					84	City		FL	85	Zip Co	ode
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS IN TITLE  D	office or ragent. I a	registered agent, or both, in the State of	of Florida. Such change was	authorized	d by	the corporation	pration submits this statement for the pu on's board of directors. I hereby accept	rpose of the app	changi: ointmen	ng its It as re	registered gistered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTITLE D DELETE 1.1 TITLE SANDERS, JAMES 1.2 NAME 5441 PIERCE STREET 1.3 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 1.4 CITY-ST-ZIP TITLE D DELETE 2.1 TITLE D Change DAME GREENE, ARNOLD 22 NAME STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 2.3 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 2.3 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 2.4 CITY-ST-ZIP TITLE DELETE 3.1 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETE 3.1 STREET ADDRESS CITY-ST-ZIP 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CI	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered	1 Асеп	nt signature required	d when reinstating)	DATE			
NAME   SANDERS, JAMES   1.2 NAME     1.3 STREET ADDRESS	12.								DIREC	TORS	IN 12
STREET ADDRESS	TITLE	D	☐ DELETE	1.1 T3T	LE				☐ Cha	nge	Addition
CITY-ST-ZIP	NAME	SANDERS, JAMES		1.2 NA	ME	ĺ					
CITY-ST-ZIP	STREET ADDRESS	5441 PIERCE STREET		1.3 ST	REET A	ADDRÉSS					
DELETE		HOLLYWOOD FL									
STREET ADDRESS		D	DELETE						☐ Cha	nge	Addition
STREET ADDRESS	NAME	GREENE, ARNOLD		2.2 NA	ME						
CITY-ST-ZIP	STREET ADDRESS	5441 PIERCE STREET		2.3 ST	REET A	ADDRESS					
TITLE         DELETE         3.1 TITLE         Change            NAME         3.2 NAME              STREET ADDRESS                                                                                           .		HOLLYWOOD FL									
STREET ADDRESS         3.3 STREET ADDRESS           City-st-zip         3.4 City-st-zip			DELETE	_		<u> </u>			Char	nge	Addition
STREET ADDRESS         3.3 STREET ADDRESS           COTY-ST-ZIP         3.4. CITY-ST-ZIP	NAME			3.2 NA	ME	j				-	
CITY-ST-ZIP 3.4. CITY-ST-ZIP						ADDRESS					
	TITLE		DELETE	4.1 TIT					Char	ige	Addition
NAME 4, 2 NAME	NAME			4. 2 NA	ME	1				-	
STREET ADDRESS 4.3 STREET ADDRESS						INDRESS					
CITY-ST-ZIP 4.4 CITY-ST-ZIP											
			DELETE	_		SII	· · · · · · · · · · · · · · · · · · ·	···	Char	nge	Addition
NAME 52 NAME	1	1	<u> </u>	- I						- '	
STREET ADDRESS 5.3 STREET ADDRESS		Į				IDDRESS					
CITY-ST-ZIP 5.4 CITY-ST-ZIP	1										
			DELETE			- 40			Char	ıde	Addition
NAME 62 NAME										- '	
STREET ADDRESS 6.3 STREET ADDRESS	- 1				_	DODESC					
	1					i					
6.4 City-St-Zip   6.4 City-St-Zip   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 this annual report or supplemental annual report trustee empowered to execute that my signature shall have the same legal effect as if made under oath; that I am 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	14 I hereby o	certify that the information supplied with	h this filing does not qualify (	for the exc	r-Si- mati	on stated in S	ection 119 07/3Vi) Florida Statutos 15	irther co	dify that	the in	formation