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

Mailing Address

HOLLYWOOD FL 33019-1805

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1997 8:00am

Secretary of State

Change

Daytime Phone #

Addition

3. Date incorporated or Qualified 3a. Date of Last Report

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

Principal Place of Business

PEMBROKE PARK FL 33023

3140 S. 19TH ST.

BAY 651

CITY - S1 - ZIP

STREET ADDRESS CHY-ST-Zit

TITLE

NAME

## DOCUMENT # P93000028197 (0)

B & G MECHANICAL, INC.

					04/16/1993	06/	/18/1996		
2. Principa	Place of Business	2a. Mailing Addres	s	····	4. FEI Number			pplied For	
21		26	26			65-0406874		ot Applicable	
Suite, A <sub>F</sub>	pt. #, etc	Suite, Apt #, e	tc.		5. Certificate of Status Desire	3d 🗆		Additional equired	
City & Si 23	tate	City & State	City & State			9 \$5.00 May Be			
Ζφ <b>24</b>	Country 25	Country Zip C			Trust Fund Contribution				
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of No	w Registered	Agent		
N	OBLE, WILLIAM			81 Nar	me				
1344 ADAMS ST HOLLYWOOD FL 33019					90 Chrot Address (D.C. Des Nilseber is Med Asserbble)				
					82 Street Address (P.O. Box Number is Not Acceptable)				
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				84 City	f	FL	85 Zip	Code	
11 Purana	unt to the provisions of Sections 607	1502 and 607 1508 Florida	Statutes the a	NOVE-Dam	ned corporation submits this statement fo		-	te renistered	
office c	or registered agent, or both, in the St	ate of Florida. Such change	e was authorize	d by the c	corporation's board of directors. I hereby	accept the ap	pointment as	registered	
agent	ham familiar with and accept the of	oligations of, Section 607.05	505, Florida Sta	utes.					
SIGNATUR									
12.	Signature, typed or printed name of rogisteric	AND DIRECTORS	(NOTE: Registere	Agent signa	ature required when rainstating)  ADDITIONS/CHANGES TO	DATE OFFICEDS AN	O DIDECTOI	OC IN 12	
12. 11111	OFFICERS	DELE		fı E	ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	Addition	
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NAME:			5.2 N		<b>\</b>				
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5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 information 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 13 if changed, or on an attachment with an address.

61 TITLE

62 NAME

DELETE