PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

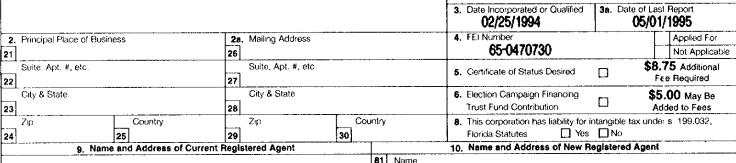
P94000015387 (1)

C.A. MECHANICAL, INC.

Principal Place of Business Mailing Address

4210 NORTH 31ST AVE HOLLYWOOD FL 33021

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ROSE, P.A. ESQ. 2101 NORTH ANDREWS AVENUE **SUITE #200** FT. LAUDERDALE FL 33311

- 1				
82	Street Address (P.O. Box Number is Not Acceptable)			
83		<u> </u>		
84	City		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 is registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	lignature, typed or printed name of registered agont and tit	e il applicable (NO	TE: Registered Agent signature required	d when reinstating/ DATE
12.	OFFICERS AND DIF	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
10 LE	DP	☐ DELETE	1. 1 TITLE	☐ Change ☐ Addition
NAME	KAESTLE, PHILIP A		1.2 NAME	
STREET ADORESS	4210 NORTH 31 AVE.		13 STREET ADDRESS	
CITY-SI-2IP	HOLLYWOOD FL 33021		1.4 CHY-ST-ZIP	
TOLE	DVS	☐ DELETE	2 1 TITLE	Change Addition
NAME	WOODALL, JEFF		2.2 NAME	
STREET ADDRESS	4210 NORTH 31 AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2 4 CITY-ST-ZIP	
TITLE		DELETE	3. 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY - ST - ZIP	
1 TLF		☐ DELETE	4. 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5. 1 TITLE	☐ Change ☐ Addition
NAME	•		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6. 1 TITLE	Change Addition
NAME			6.2 NAME	

64 CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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 atjachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CR2E034 (12/95)