

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90197 035 ***150.00

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DOCUMENT # P95000057727

1. Corporation Name

AIR MECHANICAL SPECIALTIES, INC.



Principal Place of Business

~~BROWARD~~
~~532 NW 47 AVE~~
~~COCONUT CREEK FL 33063~~
~~US~~

Mailing Address

532 NW 47 AVE
COCONUT CREEK FL 33063
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

65-0599391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 5500 NW 15 STREET

Suite, Apt. #, etc.

22 SUITE M-6

City & State

23 MARGATE, FL

Zip

24 33063

Country

25 U.S.

2a. Mailing Address

26 5500 NW 15 ST.

Suite, Apt. #, etc.

27 SUITE M-6

City & State

28 MARGATE, FL

Zip

29 33063

Country

30 U.S.

9. Name and Address of Current Registered Agent

~~WILSON, ROGER~~
~~532 NW 47 AVE~~
~~COCONUT CREEK FL 33063~~

10. Name and Address of New Registered Agent

81 Name ROBERT F. MAHONEY, CPA
82 Street Address (P.O. Box Number is Not Acceptable)
3801 N. FEDERAL HWY
83
84 City Pompano Beach FL 85 Zip Code 33064

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 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

ROBERT F. MAHONEY

3/9/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WILSON, ROGER
STREET ADDRESS 532 NW 47 AVE
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

12 NAME ROGER WILSON
13 STREET ADDRESS 5500 NW 15 STREET, STE M-6
14 CITY-ST-ZIP MARGATE, FL 33063

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(l), 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE ROGER WILSON ROGER WILSON

3/9/99 954-752-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)