## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

	DOF	2000070	2 (0)					
DOCUMENT # P95000086709 (9)								
•	NICAL MECHANICAL IN	SPECTIONS, INC.			A CRALINAL LIS COLOR SINI SINI SALIS			
Principal Place of Business Mailing Address						OBAN OOM OOM NAME	F WIRRY FRANCE	O MENIA NAN MESI
3111 UNIVERSITY DRIVE		3111 UNIVER	rsity drive					
SUITE 725 SUITE 725 CORAL SPRINGS FL 33065 CORAL SPRINGS FL			INGS FL 33065					
					<ol> <li>Date Incorporated or Qualified</li> <li>11/13/1995</li> </ol>	3a. Date of	Last Hep	ion !
2. Principal Plac	c of Business	2a. Mailing Addre	ess		4. FEI Number	L	+	plied For
1		26			65-06249			ot Applicable
Suite Apt.#,	etc.	Suite, Apt. #,	, etc.		5. Certificate of Status Desired			Additional equired
£1. Gity & State		City & State			6. Election Campaign Financing	r-1	\$5.00	May Be
3		[28]		<del> </del>	Trust Fund Contribution		Added	
Ζφ 	Country	Zφ [ <b>29</b> ]	30 Co	untry	8. This corporation has liability for Florida Statutes	or intangible tax u es                  No	nders 1	99.032,
4	[25] g. Name and Address of Cu			Ţ	10. Name and Address of New		ent	
** * =				81 Name				
BOWMAN, DAVID S ESQ.				82 Street Add	iress (P.O. Box Number is Not Acceptable)			
one east broward blvd. Suite 1200				83				
FORT LAUDERDALE FL 33301				84 City			85 Zip	Code
					oration submits this statement for the	FL.		
SIGNATURE	i, and accept the obligations of, so	agent and title if applicable.		d Agent signature require		DATE		
12.	OFFICERS	OFFICERS AND DIRECTORS  DELETE		TifLE	ADDITIONS/CHANGES TO C		Change	Addition
TIPLE NAME	HIRSCH, MARY A			NAME		ب	oa.rgc	
STELL ADDRESS	3111 UNIVERSITY DRIV	e, suite 725		STREET ADDRESS				
City - St - ZiF	CORAL SPRINGS FL 33			CITY-ST-ZIP				·
TITLE	D	DEI		TITLE			Change	Addition
NAME:	HURT, DAVID C 3111 UNIVERSITY DRIV	E CHITE 70E		NAME STREET ADDRESS				
STREET ADDRESS CLLY-S - ZIP	CORAL SPRINGS FL 33			CITY-ST-ZIP				
THE		□ DEI		TIFLE			Change	Addition
MAM				NAME				
STREET ADDRESS				STREET ADDRESS				
CHY-S1-70F		DEI		CITY - ST - ZIP			Change	Addition
TOLE NAME			i	NAME		u	· <b>ə</b> -	
STREET ADDRESS				STREET ADDRESS				
CHY ST ZIP				CITY-ST-ZIP				
TUT; F		□ DE		TITLE			Change	☐ Addition
NAME				NAME AVECTA ADDRESS				
STREET ADDRESS				STREET ADDRESS				
COTY - ST - Z P	<u> </u>	DE		CITY - ST - ZIP			Change	☐ Addition
NAME		<u></u>		NAME			-	
STREET ADDRESS			63	STREET ADDRESS				
CHY SI-Z@			6.4	CITY-ST-ZIP		140 07/0VIA FIE		

14. I do 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 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.

SIGNATURE: Dan a Hersel - Prinding SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1. 18-96 954-340-4728
Date Dayline Phone #