

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name **PENN AIR MECHANICAL, INC.**  
**P95000090119**

Principal Place of Business

Mailing Address

**1553 BANKS RD.  
MARGATE, FL 3063**

**1553 BANKS RD  
MARGATE, FL 3063**

3. Date Incorporated or Qualified

3a. Date of Last Report

**11/27/95**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**Billy Caballero  
9704 NW 3RD MANOR  
Coral Springs, FL 33071**

81 Name

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 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)

(NOTE: Registered Agent's signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

1.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

CITY, ST, ZIP ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

CITY, ST, ZIP ☐ DELETE

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

3.2 NAME ☐ Change ☐ Addition

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CITY, ST, ZIP ☐ DELETE

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5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

5.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS ☐ Change ☐ Addition

CITY, ST, ZIP ☐ DELETE

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

6.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS ☐ Change ☐ Addition

CITY, ST, ZIP ☐ DELETE

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/97**

Date

**954-978-2220**

Daytime Phone #

CR2E034 (9/96)