Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90147 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000092603

1. Corporation Name

	ECHANICAL CONTRACTO	110, 1110.				
Principal Place of	f Pusiness	Mailing Address				- 1 (84)(88) (10 1910) 91(1) 88(1) 88(1) 88(1) 88(1) 81(1) 1110 1110 1111 8110 1111 8110 1111 1111
		•				
15700 N.W. 7TH AVENUE 15700 N.W. 7TH AVENUE MIAMI FL 33169-6220 MIAMI FL 33169-6220						
US US						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						12/04/1995
2. Principal Place	e of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-2032245 Not Applicable
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				5, Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing 5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax. Yes No
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
TEMPL	INC. LIADDY COLUDE			81	Name	
	INS, HARRY ESQUIRE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
420 LINCOLN ROAD			·			
SUITE 258				83		
MIAMI BEACH FL 33139			84	City	85 Zip Code	
					•	i⊢i_ i
11. Pursuant to to office or regis agent. I am fa	the provisions of Sections 607.0502 stered agent, or both, in the State o amiliar with, and accept the obligati	and 607.1508, Florida Statu f Florida. Such change was ons of, Section 607.0505, Fl	utes, the all authorized lorida Stati	bove d by t utes.	e-named corpo the corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
Sign	nature, typed or printed name of registered agent		TE: Registered	Agent	t signature required	
12.	OFFICERS AND		13.			
	•	S DELETE 1.17			I	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME G	GILBERT, S.M.		1.1 111	TLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
	ALDEIT, D.M.	☐ DELETE	1.1 TII 1.2 NA			
STREET ADDRESS 1	5700 N.W. 7TH AVENUE	□ DEFEIE	1.2 NA	AME	ADDRESS	
			1.2 NA 1.3 ST	AME	•	☐ Change ☐ Addition
CITY-ST-ZIP M	5700 N.W. 7TH AVENUE	☐ DELETE	1.2 NA 1.3 ST	AME TREET TY-ST	•	
CITY-ST-ZIP M	5700 N.W. 7TH AVENUE IIAMI FL		1.2 NA 1.3 ST 1.4 CI	AME TREET TY-ST	•	☐ Change ☐ Addition
CITY-ST-ZIP M TITLE D NAME G	5700 N.W. 7TH AVENUE MAMI FL IP		1.2 NA 1.3 ST 1.4 CT 2.1 TI 2.2 NA	AME TREET TY-ST TLE AME	•	☐ Change ☐ Addition
CITY-ST-ZIP M TITLE D NAME G STREET ADDRESS 15	5700 N.W. 7TH AVENUE MAMI FL P BILBERT, RANDALL L		1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST	AME TREET TY-ST TLE AME	T-ZIP ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP M TITLE D NAME G STREET ADDRESS 1.5 CITY-ST-ZIP M	5700 N.W. 7TH AVENUE MAMI FL DP GILBERT, RANDALL L 5700 N.W. 7TH AVENUE		1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST	AME TREET TY-ST TLE AME TREET CITY-S'	T-ZIP ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP M TITLE D NAME G STREET ADDRESS 1! CITY-ST-ZIP M TITLE D	5700 N.W. 7TH AVENUE MAMI FL IP GILBERT, RANDALL L 5700 N.W. 7TH AVENUE MAMI FL	☐ DELETÉ	1.2 NA 1.3 ST 1.4 CT 2.1 TI 2.2 NA 2.3 ST 2.4 C	AME TREET TLE AME TREET TITY-S' TLE	T-ZIP ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition
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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)(i), 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

305-631-2653

☐ Addition

☐ Change