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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P96000022868 (9)

CYPRESS MECHANICAL INC.

FILED Apr 11 1997 8:00am Secretary of State



	of Business	Mailing A	ddress				IN Ba ld a ak a ta mana min	MELME LEGE FAND
19106 FORREST	T DRIVE	19106 FO	19106 FORREST DRIVE					
ODESSA FL 335	556-9429	ODESSA	FL 33556-4209				٠,	
						3. Date Incorporated or Qualified 03/14/1996	3a. Date of La	•
2. Principal Pla	ace of Rucinese	I 2a Maitin	g Address	·		4. FEI Number	3/14/	Applied For
	N Dale Mabry hwy	26	y Address			59-3367509	-	Not Applicable
Suite, Apt. #			Apt. #, etc.			37 3307307	- \$8.7	5 Additional
22 Suite		27	7 qst. 11, pto.			5. Certificate of Status Desired		e Required
City & State			State			6. Election Campaign Financing	\$5.	00 May Be
23 Tampa	FL	28				Trust Fund Contribution		ed to Fees
Zφ	Country	Zip		Cou	untry	8. This corporation has liability for	intangible tax und	er s. 199.032,
33614	25 USA	29		30	~~~~~~.		Yes No	
	9. Name and Address of Cur	rrent Registered /	Agent		81 Name	10. Name and Address of New R	egistered Agent	
	ENGUAL, KEVIN F				7.1	MENCHAL PRUTH F S. T.	undo N	
	6 FORREST DRIVE				82 Street A	MENGUAL KEVIN F & L. ddress (P.O. Box Number is Not Accepta	bie)	
ODES	SSA FL 33558-9429	**			19	9106 Forrest Drive		
					83			
					84 City		85	Zip Code
					00	dessa FL		Zio Code 33556
11. Pursuant to	o the provisions of Sections 607.	.0502 and 607.1500 tate of Florida, Suc	8, Florida Stati ch channa was	utes, the a	bove-named o	corporation submits this statement for the	purpose of changi- int the appointmen	ng its registere t as registered
agent. Lan	n familiar with, and accept the ol	bligations of, Section	on 607.0505, I	Florida Sta	itutes.	corporation submits this statement for the oration's poard of directors in Freby acce	print apparent	
SIGNATURE	Kevin F. Almeng	ual				1-10/18	3/2	8/1997
					ed Agent signyffur	required whether the state of t	DATE DIDECT	1000 111 40
12.	OFFICERS	AND DIRECTORS	DELETE	1.1 7	int	ADIII/ONS/CHANGES TO OFFI	CERS AND DIREC	
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NAME					LAME	Lynda N. Almengua		
STREET ADDRESS					STREET ADDRESS	19106 Forrest Dri	ve	
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4. I do notedy certify that the information supplied with this filling dose not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, infuring 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 cath; 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

L.N. ALMENGUAL
SIGNATURE AND TYPED OR PRINTED NAME OF

Malmenguel

3/28/1997 813-931-153