

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000043960 (9)  
1. Corporation Name  
MAP MECHANICAL SPECIALTIES, INC.

Principal Place of Business 2623 BRITTANY LANE KISSIMMEE FL 34746	Mailing Address 2623 BRITTANY LANE KISSIMMEE FL 34746
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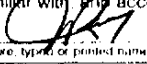


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3736 BROOKMYRA DRIVE Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL Zip 24 32837		2a. Mailing Address 26 3736 BROOKMYRA DRIVE Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL Zip 29 32837		3. Date Incorporated or Qualified 05/16/1996 4. FEI Number 59-3380655 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent PHILLIPS, EMIL 2623 BRITTANY LANE KISSIMMEE FL 34746		10. Name and Address of New Registered Agent 81 Name RAMOS, JOSE L 82 Street Address (P.O. Box Number is Not Acceptable) 83 5381-B HOFFNER AVE 84 City ORLANDO FL 85 Zip Code 32812	
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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  JOSE L. RAMOS 2/4/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD PHILLIPS, EMIL 2623 BRITTANY LANE KISSIMMEE FL 34746	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD PHILLIPS, MARIANGELA D 2623 BRITTANY LN KISSIMMEE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE:  02/09/98

CR2E034 (10/97)