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

PROFIT CORPORATION



## **FILED** Jul 27 1998 8:00am Secretary of State

) <b>1</b>	UAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
DOCUMENT # P97000103811 (0) M & M SERVICE HEPA CO., INC.						
Principal Plac	e of Business		Mailing Address		סוג ושופד הווסס הונסס ונוסס וווסה סוו הסטווסטו ה	A BOIDD DISUS IDIDI TIDDI TIDI TABI
3828 NW 2ND AVE. 3828 NW 2ND AVE.						
MIAMI FL 33127 MIAMI FL 33127					DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified 12/10/1997	
	Place of Business	<u></u>	Mailing Address		4. FEI Number 65-0805869	Applied For
Suite, Apt.	. #, etc.	26	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27	}		6. Certificate of Status Desired	Fee Required
City & Stat	·	28			Election Campalgn Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	25	ountry 29	Zip ]	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
		ddress of Current Reg		190	10. Name and Address of New Registe	
PIKE, MICHAEL J 81 Name						
3822 NE 167TH ST. 82 Street A					et Address (P.O. Box Number is Not Acceptable)	
N. MÍAMI BEACH FL 33160				83		
,						
				84 City		FL 85 Zip Code
11. Pursuant	to the provisions of	Sections 607.0502 and	607.1508, Florida Sta	tutes, the above-nan	ed corporation submits this statement for the purpor	se 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					ture required when reinstating) DA	
12.	Signature, typed or printed	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	TRESIN	est.	DELETE	1.1 TITLE		AND DIRECTORS IN 12 Change Addition
NAME	Megivi	& FILLE		1.2 NAME		12
STREET ADDRESS	3828	NW ZAO	مي د د	1.3 STREET ADDRE	5	
CITY-ST-ZIP	MIAN	61 Pt 33	3/2+	1.4 CITY - ST - ZIP		
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NAME STREET ADDRESS	MIKE	15/12 AU	o	2.2 NAME 2.3 STREET ADDRE	c	
CHY-ST-ZIP	2377	11 33/	5 <del>7</del>	2 4 CITY - ST - ZIP	*	}
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STREET ADDRESS	i			4.3 STREET ADDRE	s	ļ
City-St-Zip				4.4 CITY-ST-ZIP		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME	]			5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRE	s J	1
CITY-ST-ZIP TITLE	<del></del>		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	}			62 NAME	9000026024	419 x
STREET ADDRESS	}			6.3 STREET ADDRE	900026024 -07/30/9801022 ***165.00	-008
CITY-ST-ZIP				6.4 CITY-ST-ZIP		
14. I hereby of indicated	certify that the inform	nation supplied with this	filing does not qualify	y for the exemption s	ated in Section 119.07(3)(i), Florida Statutes. I furthe signature shall have the same legal effect as if mad	r certify that the information e under path; that I am an

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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.