

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90183 049 ***150.00

DOCUMENT # P98000094103

1. Corporation Name

MECHANICAL SOLUTIONS SERVICES, INC.

Principal Place of Business

326 EAGLETON GOLF DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address

326 EAGLETON GOLF DRIVE
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1998

4. FEI Number

65-0275192

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 12705, ELLISON WILSON RD.

26 12705, ELLISON WILSON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 JUNO BEACH, FL

28 JUNO BEACH, FL

Zip

Country

Zip

Country

24 33408

25 USA

29 33408

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name NEHAL FLEMING

82 Street Address (P.O. Box Number is Not Acceptable)

12705, ELLISON WILSON RD.

83

84 City JUNO BEACH

FL

85 Zip Code

33408

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

NEHAL FLEMING President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☒ DELETE

NAME FLEMING, ALEX J

STREET ADDRESS 326 EAGLETON GOLF DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE SVD ☒ DELETE

NAME ARAKARE, NAGARAJ DR.

STREET ADDRESS 326 EAGLETON GOLF DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE PTSD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PTSD
NEHAL FLEMING
12705, ELLISON WILSON RD
JUNO BEACH, FL 33408

UD
ARAKARE, NAGARAJ DR.
12705, ELLISON WILSON RD
JUNO BEACH, FL 33408

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.

SIGNATURE:

NEHAL FLEMING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

561-776-1684

CR2E034 (11/98)

0332838