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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

DTS MECHANICAL SALES, INC.

FILED Feb 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I BIBLI IBBI		
6303 STIRLING ROAD 6303 STIRLING ROAD							
DAVIE FL 33314 DAVIE FL 33314				DO NOT WEITE IN T	DO HOT WOLLD IN THE ORACE		
				DO NOT WRITE IN T	HIS SPACE		
				 Date Incorporated or Qualified 04/29/1991 			
2. Principal Place of Business	2a, Mailing Address	·-·		4. FEI Number	Ar	oplied For	
21 26				65-0256021		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75		
27				5. Certificate of Status Dosired	Fee Re	equired	
City & State City & State				6. Election Campaign Financing	\$5.00	May Be	
23	28				to Fees		
Zip Country	Zip	Country		8. This corporation owes or has paid the			
24 25		30		Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PARSANS WILLIAM T 81 Name							
Pars o ns, William T. 6303 Stirling RD							
DAVIE FL 33314		62	82 Street Address (P.O. Box Number is Not Acceptable)				
		B3					
		84	City		85 Zip (Code	
			' '		F L `` ``	Ì	
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							
Signature, typed or punted name of registeraid ager			ent signature	e required when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS		IS IN 12	
12. OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
NAME PARSONS, WILLIAM T.	<u> </u>						
PERCENT COMMANDED AND HAR-		1.2 NAME	T ADDRESS	4810 NW 49 COUR	1		
	ET LAUDEDDALE EL CONTROL		ST-ZIP	FULAUDERDALE, FL	33319		
TITLE AND AND	DELETE 2.1 TO		D1 211	4810 NW 49 COUR FILAUDERDALE, FL	Change	Addition	
NAME	22						
STREET ADDRESS			T ADDRESS			ĺ	
CITY-ST-ZIP			ST - ZIP				
TITLE	☐ DELETE 3				Change	Addition	
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREE	T ADDRESS			Ì	
CITY-ST-ZIP		3.4. CITY-	ST-ZIP				
TITLE	☐ DELE te	4.1 TITLE			∐ Change	Addition	
NAME		4. 2 NAME					
STREET ADDRESS			1 ADDRESS				
CITY-ST-ZIP	Dritte	4.4 CITY -	\$1 - ZIP		☐ Change	Addition	
TITLE	☐ DELETE	5.1 TITLE			□1 Cuantie	Muulion	
NAME		5.2 NAME	T IDDESES				
STREET ADDRESS			T ADORESS				
CITY-ST-ZIP	DELETE	5.4 CITY - 6.1 TITLE	21-715		☐ Change	Addition	
TITLE	ניין מנירנונ	6.2 NAME			Onlings		
NAME STREET ADDRESS		1	I ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP 14 L bereby certify that the information supplied with	th this tiling does not qualify for	6.4 City-	otion state	I ed in Section 119.07(3)(i), Florida Statutes. I furth	er 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 trustoe 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.