FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

(3)

DOCUMENT #

1. Corporation Name AID SYSTEMS MECHANICAL INC

Ain St	STEMS MECHANICAL, INC.								
Principal Place of Business Mailing Address									
10615 N.W. 53 SUNRISE FL 3		10615 N.W. 53 STREET Sunrise FL 33351							
						 Date Incorporated or Qualified 12/23/1991 		ate of Last Re 04/18/199	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		A	oplied For
3405	NW 19 STREET	26 8057 NW	460	CH	-	65-0311093			Not Applicable
Suite, Apt. #		Suite. Apt. #, etc.				5. Certificate of Status Desired		+-	Additional Required
City & State		City & State		<u> </u>	 '	6. Election Campaign Financing Trust Fund Contribution			May Be
	ENJALE LAKES, FL.	28 LAUNCHHIL	Cour			8. This corporation has liability for	intangible		
す ^{Zip} ろ <i>33</i>	11 25 USA	29 33351		13	A		s ∐ĭNo		
4 777	9. Name and Address of Curren		1001	<i></i>) I <u>T</u>	10. Name and Address of New	Registere	d Agent	
				81	Name				
MILLER,	ROGER			82	Street Ado	dress (P.O. Box Number is Not Accepta	ble)		
10615 N.W. 53RD ST.				02	Street Max	, read (, o. box 15 16 16 16 16 16 16 16 16 16 16 16 16 16			
SUNRISE FL 33351				83					
00,4,40			-	84	Crtv		<u>-</u>	. 85 Zıç	o Code
					,	oration submits this statement for the p	F	L	
familiar wit	h, and accept the obligations of, Sect	and Statutes.	E Bagesterest			and of directors. Thereby accept the ap	DÄH		
12.	OFFICERS AN		13.			ADDITIONS CHANGES TO CA	FIUENS A	Criange	Addition
TITLE	P	DELETE	1 11					☐ Outlings	
NAME	MILLER, ROGER		1.2 NA						
STREET ADDRESS	8051 NW 46 CT LAUDERHILL FL		1		ADDRESS				
CITY-ST-ZIP	LAUDERFILL FL	DELETE	1 4 CI 2 1 T		-219			Change	Addition
TITLE			2 2 N						_
NAME					ADDRESS				
STREET ADDRESS			240						
CITY-S1-ZIP TITLE		☐ DELETE	3 1 1					Change	nc-tibbA 🔲
NAME		<u></u>	3 2 NJ						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ry.s	ľ				
TITLE		DELETE	4 1 T					Change	Addition
NAME		—	4 2 N	AM(
STREET ADDRESS			4 3 S	IREE!	ADDRESS				
CITY-ST-ZIP			440	ITY - S	T - ZIP				
TITLE		DELETE	5 1 1	ILE				Change	Addition

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(3)(k), 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Charter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on air attachment with an address.

5.2 NAME

6 1 TILLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZiP

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

THLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

DELETE

Change

no fibbA [