**PROFIT CORPORATION** ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

## May 07, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

05-07-1999 90117 024 \*\*\*150.00

1. Corporation Name AIR SYSTEMS MECHANICAL, INC.				
Principal Place of Business	Mailing Address			IN DIENT REDIT HINTE ACRES DINES FONE
3499 NW 19TH ST LAUDERDALE LAKES FL 33311 US	8051 NW 46TH COURT LAUDERHILL FL 33351 US		DO NOT WRITE IN TH	IIS SPACE
			12/23/1991	\
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0311093	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country 30	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☐ No
9. Name and Address of Cu			10. Name and Address of New Registers	ed Agent
		81 Name		
MILLER, ROGER		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
8051 NW 46TH CT LAUDERHILL FL 33351		83		
		84 City		L 85 Zip Code
agent. I am familiar with, and accept the ob- SIGNATURE Signature, typed or printed name of registered	ate of Florida. Such change was at oligations of, Section 607.0505, Flor agent and title if applicable. (NOTE:	Ithorized by the corporation of	on's poard or directors. Thereby accept the appearance of when reinstating)  DATE	DOMINITIENT AS 189ISIE160
	S AND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE P NAME MILLER, ROGER		1.2 NAME		
STREET ADDRESS 8051 NW 46 CT		1.2 10.01		1
CITY-ST-ZIP LAUDERHILL FL		1.3 STREET ADDRESS		
TITLE V		1.3 STREET ADDRESS		
l	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
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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:**