May 04, 1999 8:00 am Secretary of State

05-04-1999 90065 040 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

	MENT # <b>V21799</b>			<b>,</b>	
1. Corporation	n Name	^			
ALIJEH N	MECHANICAL SERVICES, IN	<b>U•</b>		1 (48) 4(18) 10(18) 1(8) 1(8) 10(18) 10(18) 10(18)	ESI BIBIN AKTIN PIRNI BIBIN BIBIN 1886
Dain single Diago	of Decision	Mailing Address			IST DIMIT MINIT MINIT MINIT BINGS FOR
Principal Place		PO BOX 915696			
- <del>6270 EDGEWAT</del> I - <del>STE-5800 -</del>	ER UR	LONGWOOD FL 32791			
ORLANDO FL 3	2810	US		DO NOT WRITE IN T	HIS SPACE
บร				3. Date Incorporated or Qualifed	
		·-		03/16/1992	
	ace of Business	2a. Mailing Address		4. FEI Number 59-3115066	Applied For Not Applicable
216367	All American Blud.	Suite, Apt. #, etc.		59-3   15000	\$8.75 Additional
Suite, Apt.	#, etc.	<u>├</u> ¬		5. Certificate of Status Desired	Fee Required
22 City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
- A-1-	ndo Fh.	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24/32/81	D 25 USA-	29 30	5	Personal Property Tax.	MŽ Yes □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent
			81 Name	•	
	ER, JOSEPH E.		82 Street	Address (P.Q. Box Number is Not Acceptable)	
	EDGEWATER DR		636	on All American Blu	<u>a.                                    </u>
	<del>5600~</del> ANDO FL 32810.		83		
GME	ANDU FL 328 IU.		84 City	1.0.0.1	EL 85 Zip Code 32810
office or re	enistered agent or both in the State o	l and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose	e or changing its registered
				diation a board of directors. I horsely decept the ap	
agent. I a	m familiar with and accept the obligati	ions of, Section 607.0505, Florida	a Statutes.		
agent. I a	m familiar with and accept the obligati	ions of, Section 607.0505, Horida	a Statutes.	4	-27-99
agent. I a	m familiar with and accept the obligate	and title if applicable: (NOTE: Re	a Statutes.	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS	-27-99
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agent. I ai SiGNATURE  12. TITLE NAME	Elgorory, Typed or printed name of egisteded agglication of FICERS AND DP  ALTIER, JOSEPH E.  6270 EDGEWATER DR / STE	and title if application (NOTE: ReD DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	equired when reinstalting) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP