

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

FILED
Jul 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 337028 (5)
 1. Corporation Name
MOKHER PLUMBING COMPANY



Principal Place of Business 3800 SHIPPING AVE MIAMI FL 33146	Mailing Address 3800 SHIPPING AVE MIAMI FL 33146-1517
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/29/1968	3a. Date of Last Report 09/25/1996
21	26	4. FEI Number 59-1224097	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

22	27	Trust Fund Contribution <input type="checkbox"/>	Added to Fees
24	25	29	30
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MOKHER, JR., JOSEPH A. 7725 S.W. 141ST STREET MIAMI FL 33158		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOKHER, SCOTT W.	1.2 NAME	
STREET ADDRESS	29260 SW 182 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	MOKHER, JOSEPH A, JR	2.2 NAME	
STREET ADDRESS	7725 S W 141 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MOKHER, EDNA E	3.2 NAME	
STREET ADDRESS	6455 S W 147 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: Sandra B. Mortham 7-7-97 305-446-8266

CR2E034 (9/96)