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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

11231 SW 1ST CT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 623661** 

(6)

Mailing Address 11231 SW 1ST CT.

ALL DADE PLUMBING & SPRINKLERS, INC.

FT. LAUDERDALE FL 33325-2938 FT. LAUDERDALE FL 33325 3. Date Incorporated or Qualified 3a. Date of Last Report 06/01/1979 02/02/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1920523 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country  $Z_{\rm IP}$ Country This corporation has liability for intangible tax under s. 199.032, Zip T⊞-Yes □ No 30 Florida Statutes 24 25 29 10. Name and Address of New Repistered Agent 9. Name and Address of Current Registered Agent 81 Name BERLIT CORPORATE SERVICES 1428 BRICKELL AVE **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE 202 **MIAMI FL 33131** 83 84 City Zip Code 85 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, typied or printed name of registered agent and tice if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. PD Change Addition DELETE 1.1 TITLE TITLE LEVY, BERNARD 1.2 NAME NAME 11231 SW 1ST CT 13 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change STD ☐ DELETE TITLE 21 TITLE LEVY, KAREN 2.2 NAME NAME 11231 SW 1 CT. 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 2. 4 CITY-ST-ZIP CITY-ST-7P Change Addition DELETE THUE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP COTY - ST - ZIP Addition DELETE Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 61 TITLE THLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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