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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733292 (7)

1. Corporation Name

PALM BEACH COUNTY ASSOCIATION OF PLUMBING HEATIN G COOLING CONTRACTORS, INC.

Principal Place of Business	Mailing Address
PHCC 411 PALM STREET WEST PALM BEACH FL 33401 US	411 PALM STREET SUITE 215 WEST PALM BEACH FL 33401 US

3. Date Incorporated or Qualified: 07/14/1975

4. FEI Number: 51-0192468 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAXWELL, DEBRA
411 PALM STREET
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	FOX, PAUL		1.2 NAME	BRYAN POLTROCK	
STREET ADDRESS	612 INDUSTRIAL AVE		1.3 STREET ADDRESS	1200 CLINT MOORE Rd #10	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP	BOCA RATON, FL	
TITLE	VP	☑ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	POLTROCK, BRYAN		2.2 NAME	LESLIE SZUKICS	
STREET ADDRESS	1200 CLINT MOORE RD #10		2.3 STREET ADDRESS	4444 BIRDWOOD ST	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	PALM Beach Gardens, FL	
TITLE	T	☑ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	VERNICK, ROBERT		3.2 NAME	PAUL FOX	
STREET ADDRESS	9530 TRIVOLO PLACE		3.3 STREET ADDRESS	612 Industrial Ave.	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	Boynton Beach, FL	
TITLE	D	☑ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	SZUKICS, LESLIE		4.2 NAME	BOB SHOEMAKER	
STREET ADDRESS	4444 BIRDWOOD ST		4.3 STREET ADDRESS	1810 HYPOLUXO Road #D2	
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	D	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	POLTROCK, BRYAN		5.2 NAME	DOUGLAS SANTORO	
STREET ADDRESS	1200 CLINT MOORE ROAD, #10		5.3 STREET ADDRESS	5519 GEORGIA AVE	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	WEST PALM Beach, FL 33405	
TITLE	D	☑ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	RICKENBACH, RICHARD		6.2 NAME	BILL KOENIG	
STREET ADDRESS	P O BOX 402		6.3 STREET ADDRESS	21000 BOCA RIO ROAD #C3	
CITY-ST-ZIP	JUPITER FL 02		6.4 CITY-ST-ZIP	BOCA RATON, FL 33433	

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/3/98
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #