

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 19 AM 1:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # F55939 (5)**

1. Corporation Name  
**PLUMBING SPECIALTIES CO., INC.**

Principal Place of Business  
**3285 W. MCNAB RD.  
POMPANO BCH. FL 33069**

Mailing Address  
**3285 W. MCNAB RD.  
POMPANO BCH. FL 33069**

2. Principal Place of Business  
21 **21**

2a. Mailing Address  
26 **26**

Suite, Apt. #, etc.  
22 **22**

City & State  
23 **23**

Zip  
24 **24**

Country  
25 **25**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**11/24/1981**

3a. Date of Last Report  
**03/29/1994**

4. FEI Number  
**59-2142676**

Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**BORTZ, NORMAN  
3285 W. MCNAB RD.  
POMPANO BCH. FL 33069**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **VP**

NAME **BORTZ, NORMAN**

STREET ADDRESS **2188 NW 62ND DR**

CITY - ST - ZIP **BOCA RATON FL 33496**

TITLE **P**

NAME **BORTZ, SHARON**

STREET ADDRESS **2188 NW 62ND DR**

CITY - ST - ZIP **BOCA RATON FL 33496**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP **33496**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP **33496**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sharon Bortz* (PRES.)

**SHARON BORTZ**

Date: **4/14/95**

Telephone: **305-971-5200**