

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F55939 (5)**
1. Corporation Name
PLUMBING SPECIALTIES CO., INC.
Plusco Supply Corp. AS OF 2/13/96 **AB**



Principal Place of Business: 3285 W. MCNAB RD. POMPANO BCH. FL 33069
Mailing Address: 3285 W. MCNAB RD. POMPANO BCH. FL 33069

3. Date Incorporated or Qualified: 11/24/1981
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business: 21 6350 E. Rogers Circle
2a. Mailing Address: 26 6350 E. Rogers Circle

4. FEI Number: 59-2142676
Applied For: Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

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

23 City & State: Boca Raton FL
28 City & State: Boca Raton FL

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

24 Zip: 33487 Country: USA
29 Zip: 33487 Country: USA

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: Scott Bortz
82 Street Address (P.O. Box Number is Not Acceptable): 6350 E. Rogers Circle
83
84 City: Boca Raton FL 85 Zip Code: 33487

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 office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Scott Bortz* Scott Bortz: V.P. -- Operations 4/9/96
Signature typed or printed name of registered agent or director (if applicable) (DATE: Register Agent's name and date of registration)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	<input type="checkbox"/> DELETE	1.1 TITLE: V.P. -- Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BORTZ, NORMAN		1.2 NAME: Scott Bortz	
STREET ADDRESS: 2188 NW 62ND DR		1.3 STREET ADDRESS: 18185 181st Circle South	
CITY-ST-ZIP: BOCA RATON FL		1.4 CITY-ST-ZIP: Boca Raton FL 33498	
TITLE: P	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BORTZ, SHARON		2.2 NAME:	
STREET ADDRESS: 2188 NW 62ND DR		2.3 STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL		2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS: 900001783509	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP: -04/17/96--01025--020	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: ***208.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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: *Scott Bortz* Scott Bortz: V.P. -- Operations 4/9/96 407/241-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE: Register Agent's name and date of registration)

CR2E034 (12/95)