

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F63995** (7)

1. Corporation Name  
**DYLEWSKI PLUMBING, INC.**



Principal Place of Business: **1042 EAST 9TH ST. STUART FL 34996**  
Mailing Address: **1042 EAST 9TH ST. STUART FL 34996**

3. Date Incorporated or Qualified: **01/21/1982**  
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business: **501 Riverview Ave.**  
2a. Mailing Address: **501 Riverview Ave.**  
21. City & State: **Stuart, FL**  
22. City & State: **Stuart, FL Martin County**  
23. Zip: **34994** Country: **USA**  
24. Zip: **34994** Country: **USA**

4. FEI Number: **59-2172116**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$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  
**DYLEWSKI, MICHAEL A.  
1042 EAST 9TH ST.  
STUART FL 34997**

10. Name and Address of New Registered Agent  
81. Name: **ROBERT PASSOT**  
82. Street Address (P.O. Box Number is Not Acceptable): **501 Riverview Ave.**  
83.   
84. City: **Stuart** FL 85. Zip Code: **34994**

11. Pursuant to the provisions of Sections 607.0102 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE: *Robert Passot* (Signature of Registered Agent) *Robert Passot vice pres* (Signature of Signing Officer or Director) **2-15-96** (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>PVS</b>	<input type="checkbox"/> DELETE
NAME	<b>DYLEWSKI, MICHAEL A.</b>	
STREET ADDRESS	<b>1042 E.9TH ST.</b>	
CITY-STATE-ZIP	<b>STUART FL 34996</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	<b>VP D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>Robert Passot</b>	
7. STREET ADDRESS	<b>501 Riverview Ave.</b>	
8. CITY-STATE-ZIP	<b>Stuart, FL 34994</b>	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-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: *Robert Passot* (Signature of Signing Officer or Director) **2-15-96** (Date) **283-8040** (Daytime Phone #)

CR2E034 (12/95)