

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

FILED Feb 13 1996 8:00 am Secretary of State

DOCUMENT # M57695 (2)

1. Corporation Name THE NEW MIAMI SHORES PLUMBING, INC.

Principal Place of Business 8450 NW 6 CT MIAMI FL 33150 Mailing Address 8450 NW 6 CT MIAMI FL 33150



2. Principal Place of Business 21 State, Apt., Bldg., etc. 22 City & State 23 Zip 24 Country 25 26 27 28 29 30

3. Date Incorporated or Qualified 08/20/1987 3a. Date of Last Report 02/01/1995 4. FEI Number 59-2835820 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 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent KOTALIK, KENNY 8450 NW 6 CT MIAMI FL 33150

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. For want of the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS 12.1 NAME PD KOTALIK, KENNY 12.2 STREET ADDRESS 8450 NW 6 CT 12.3 CITY, STATE, ZIP MIAMI FL 12.4 TITLE 12.5 NAME 12.6 STREET ADDRESS 12.7 CITY, STATE, ZIP 12.8 TITLE 12.9 NAME 12.10 STREET ADDRESS 12.11 CITY, STATE, ZIP 12.12 TITLE 12.13 NAME 12.14 STREET ADDRESS 12.15 CITY, STATE, ZIP 12.16 TITLE 12.17 NAME 12.18 STREET ADDRESS 12.19 CITY, STATE, ZIP 12.20 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 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, or on an amendment to this filing.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Kotalik (808) 781-2446

CR2E034 (12/95)