

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am
 Secretary of State

0063707

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P04707 (6)
 1. Corporation Name
 BRIGGS PLUMBING PRODUCTS, INC.



Principal Place of Business: 4350 W. CYPRESS ST., SUITE 800 (33607)
 P.O. BOX 01622 TAMPA FL 33601-0622

Mailing Address: 4350 W. CYPRESS ST., SUITE 800 (33607)
 P.O. BOX 01622 TAMPA FL 33601-0622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1985

4. FEI Number: 38-2567751

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	President / CEO / LOB
NAME	WELLS, KENNETH R.	1.2 NAME	Carlos Isaac
STREET ADDRESS	4350 W. CYPRESS ST. #800	1.3 STREET ADDRESS	4350 W. Cypress St. #800
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa FL 33607
TITLE	VPD	2.1 TITLE	Treasurer
NAME	SAMSING, ROBERT	2.2 NAME	Marcelo Rodriguez
STREET ADDRESS	4350 W. CYPRESS ST.	2.3 STREET ADDRESS	4350 W. Cypress St. #800
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa FL 33607
TITLE	VP	3.1 TITLE	Director / Secretary
NAME	PARK, CHARLES D	3.2 NAME	Arturo Crenovich
STREET ADDRESS	4350 W. CYPRESS ST.	3.3 STREET ADDRESS	Avenida de Las Americas, 585 Sevillos
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Santiago, Chile
TITLE	CV	4.1 TITLE	
NAME	PORPORA, PETER	4.2 NAME	
STREET ADDRESS	4350 W. CYPRESS ST. #800	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MAYPOLE, JOHN	5.2 NAME	
STREET ADDRESS	4350 W. CYPRESS ST. #800	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DONNANTUONO, FRANK	6.2 NAME	
STREET ADDRESS	4350 W. CYPRESS ST. #800	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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

SIGNATURE: *Marcelo Rodriguez* (MARCELO RODRIGUEZ) 8/14/98 813 878 0178

CR2E034 (5/98)