FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

*PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000068335 (6)

ACCURATE PLUMBING SERVICES, INC.

FILED Mar 31 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			1 41101 10101 11101 HIEL EIN 1011
4164 SHERRI CT LAKE WORTH FL 33461	4164 SHERRI CT		DO NOT WRITE IN THIS SPACE	
LAKE HORIN PL 33401	LAKE WORTH FL 33461			
			3. Date Incorporated or Qualified	
			09/12/1994	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. #, etc.	26		65-0521095	Not Applicable
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 25		30	Personal Property Tax due June 30.	Yes No
9. Name and Address of C	Jurrent Hegistered Agent	81 Name	10. Name and Address of New Register	red Agent
FLEMING, ROGER		o i Name		
4164 SHERRI CT		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LAKE WORTH FL 33461		63		
		84 City		85 Zip Code
11 Pursuant to the provisions of Sections 60	7.0502 and 607.1508. Florida Statute	s the above-named cor		
office or registered agent, or both, in the	State of Florida. Such change was at	uthorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
	obligations of, Section 607.0505, Flor	rida Statutes.		
SIGNATURE Signature, typed or printed name of registe	pred agent and blind applicable (NOTE	Registered Agent signature requ	ired when reinstating) DAI	<u>re</u>
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 TITLE		Change Addition
NAME FLEMING, KAREN		1.2 NAME		1
STREET ADDRESS 4164 SHERRI CT		1.3 STREET ADDRESS		
CITY-ST-ZIP LAKE WORTH FL 33461		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
City-St-ZiP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	The part of	3.4. CITY - ST - ZIP		1 06
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADORESS		
CFTY-ST-2IP	DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE	□ Ottele	5.1 TITLE		Change Addition
NAME OTREST ADDRESS		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE	□ better	6.1 TITLE		T custille T vonition
NAME STREET ADDRESS		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		l
City-St-ZIP		6.4 CiTY-ST-ZiP		

14. Thereby 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 13 if chapter 607 and that my name appears in Block 12 or Block 13 if chapter 607.