

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90166 033 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000099058**

1. Corporation Name  
**4 STAR PLUMBING, INC.**



Principal Place of Business  
**940 ELLER DRIVE  
 FORT LAUDERDALE FL 33316**

Mailing Address  
**P.O. BOX 350158  
 FT. LAUDERDALE FL 33335**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/19/1997</b>	
4. FEI Number <b>65-0795177</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>181 NE 32 Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>181 NE 32 Street</b> Suite, Apt. #, etc.
22 City & State 23 <b>Ft. Lauderdale, FL.</b>	27 City & State 28 <b>Ft. Lauderdale, FL.</b>
24 Zip <b>33334</b> 25 Country <b>USA</b>	29 Zip <b>33334</b> 30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**O'BRIEN, ROBERT  
 13508 NW 7TH STREET  
 PLANTATION FL 33325**

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

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD O'BRIEN, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>13508 NW 7TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL 33325</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V FRANZONE, AUDREY</b>	2.2 NAME	<b>Franzone, Audrey</b>
STREET ADDRESS	<b>7855 NW 50TH STREET</b>	2.3 STREET ADDRESS	<b>7988 Exeter Blvd, W.</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33351</b>	2.4 CITY-ST-ZIP	<b>TAMARAC, FL. 33321</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T SMITH, ERIC</b>	3.2 NAME	
STREET ADDRESS	<b>813 W. PLANTATION CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S DUBROW, KENNETH</b>	4.2 NAME	
STREET ADDRESS	<b>3825 NW 35TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<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 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, with all other like empowered.

SIGNATURE: **Audrey Franzone** 4/20/99 954-767-8999  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)