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May 14, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000106569

1. Corporation Name
A&T PLUMBING OF MIAMI, INC.

Principal Place of Business
1455 N.E. 129 STREET
MIAMI FL 33161

Mailing Address
1455 N.E. 129 STREET
MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1997

4. FEI Number
65-0797406

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Country

9. Name and Address of Current Registered Agent

TRAPANESE, WILLIAM
1455 N.E. 129 STREET
MIAMI FL 33161

10. Name and Address of New Registered Agent

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

Table with 12 rows for Officers and Directors. Includes fields for Title, Name, Street Address, and City-ST-ZIP. Row 1: D TRAPANESE, WILLIAM, 1455 N.E. 129 STREET, MIAMI FL 33161.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, and 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: *William Trapanese* WILLIAM TRAPANESE 4/28/99 305 891 2190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)