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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V67625

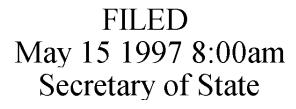
(6)

## PLUMBING MANUFACTURERS REP. OF FLORIDA CORPORATI

Principal	Place of Business
1102 G N.	22ND STREET
TAMPA FL	33605

Mailing Address

P.O. BOX 76264 TAMPA FL 33675-1264





US	•••	US									
		•				3. Date Incorporated or Qualified 09/30/1992	of Last Ri /1996	eport			
2. Principal	Place of Business	2a. Mailing Address							plied For		
21						59-3154106			t Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75			
22	27				s.,		Fee Re				
City & Sta	ate	28 City & State	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zıp	Country	Zip	Co	ountry		8. This corporation has liability for in	ntangible ta	x under s	199.032,		
24	25	29	30				Yes 🔲				
~~t	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Rec	platered Ag	ant			
NO	RMAN, SHEILA D.			81	Name						
	5 N. MICDILL AVENUE			82	Street Add	iress (P.O. Box Number is Not Acceptab	le)	<del></del>			
SUI	ITE 303										
TAI	MPA FL 33609			83							
				84	City	, , , , , , , , , , , , , , , , , , ,		<b>85</b> Zip (	Code		
						poration submits this statement for the p	FL				
office of agent I	am familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida St	atutes	S.	ation's board of directors. I hereby accep	:	iment as	registered		
	Signal inc. typed in printed name of registered age				ent signature requ	ered when reinstating)	DATE	UDEATA!	00 IN 40		
12.	OFFICERS AN	D DIRECTORS  DELETE	13		····	ADDITIONS/CHANGES TO OFFIC		Change	Addition		
TELE	PD HARTMANNI OTCOHEN D	["] DETEIR		TITLE			L-	) Change			
NAME	HARTMANN, STEPHEN R 5 618 COLLEGE AVE. W.		1	NAME			1				
STREET ADDRESS	RUSKIN FL				ADDRESS		:				
CITY - ST - ZIP	STD	DELETE		CITY-S	IT-ZIP		Г	Change	Addition		
11"LF	DORSEY, STEVEN L.			NAME			·	) Dimingo	L.J Addition		
NAME	ARAGA ALILAR PRANCE				ADDRESS						
STREET ADORESS	TAMPA FL										
CITY-ST-ZIP TITLE	VO	☐ DELETE		CITY - S	51-ZIP			Change	Addition		
NAME	DONALDSON, DAVID M.			NAME			•				
STREET ADDRESS	ATAN DARACI ALLA ATRECT				ADDRESS		1				
CITY- ST - ZIP	TAMPA FL			CITY-S	1						
TILE	10 4777 73 7 34	DELETE		TITLE	×1 : 411	***************************************		Change	Addition		
NAME				NAME				-			
STREET ADDRESS	5				ADDRESS						
City S1-ZiP				CITY-S			٠				
TITLE		DELETE		TITLE			E	Change .	Addition		
NAME			- 6	NAME							
STREET ADORESS	s				ADDRESS						
CITY-ST-ZIP				CITY - S							
THLE		☐ DELETE		TITLE			.L	Change	Addition		
NAME			6.2	NAME							
STREET ADDRESS	s				ADDRESS						
COY-SI-ZIP				CITY-S			÷				
					<del></del>	The second second second second					

14. I do 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 in an attachment with an address.