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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **266750** **(9)**

1. Corporation Name
SAM BLOOM PLUMBERS INC

Principal Place of Business	Mailing Address
900 N W 144 STREET MIAMI FL 33168	900 N W 144 STREET MIAMI FL 33168-3026

3. Date Incorporated or Qualified: 02/01/1963
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business	2a. Mailing Address
21 3389 SHERIDAN ST.	26 3389 SHERIDAN ST.
Suite, Apt. #, etc. 22 #245	Suite, Apt. #, etc. 27 #245
City & State 23 HOLLYWOOD, FL	City & State 28 HOLLYWOOD, FL
Zip 24 33021 Country 25 BROWARD	Zip 29 33021 Country 30 BROWARD

4. FEI Number: 59-0997667 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BLOOM BONNIE
900 NW 144 STREET
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3389 SHERIDAN ST.
83 #245
84 City HOLLYWOOD FL 85 Zip Code 33021

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: PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: BLOOM, BONNIE		1.2 NAME	
STREET ADDRESS: 3315 WATER OAK DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP: HOLLYWOOD FL		1.4 CITY-ST-ZIP	
TITLE: ST	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: BLOOM, SAM		2.2 NAME	
STREET ADDRESS: 440 NE 143RD ST		2.3 STREET ADDRESS	
CITY-ST-ZIP: N MIAMI FL		2.4 CITY-ST-ZIP	
TITLE: VP	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: BLOOM, BERNICE		3.2 NAME	
STREET ADDRESS: 440 NE 143RD ST		3.3 STREET ADDRESS	
CITY-ST-ZIP: N MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: Bonnie Bloom BONNIE BLOOM PRESIDENT 3/13/97 954-983-9682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #