

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

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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 311714

(0)

1. Corporation Name
FIRE SPRINKLERS, INC.

Principal Place of Business
4110 EAST 11TH AVENUE
HIALEAH FL 33013

Mailing Address
4110 EAST 11TH AVENUE
HIALEAH FL 33013-2508



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1966	3a. Date of Last Report 03/07/1996
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	4. FEI Number 59-1153141	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent KUZNARIK, JOHN 724 90TH STREET SURFSIDE FL 33154				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 not a director of the corporation and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: John Kuznarik President 3/14/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME KUZNARIK, JOHN		1.2 NAME	
3. STREET ADDRESS 724 90TH STREET		1.3 STREET ADDRESS	
4. CITY-STATE-ZIP SURFSIDE FL		1.4 CITY-STATE-ZIP	
5. TITLE VPS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME MASON, SHIRLEY A		2.2 NAME	
7. STREET ADDRESS 724 90TH ST		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP SURFSIDE FL		2.4 CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 included 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: John Kuznarik 3/14/97 (305)685-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day(s) of Week #

CR2E034 (9/96)