

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 JAN 30 AM 11:59	
DOCUMENT # 330960 (6)					
1. Corporation Name BROWARD WATER HEATER CO					
Principal Place of Business 3280 N.E. 5TH AVE. FT. LAUDERDALE FL 33334		Mailing Address 3280 N.E. 5TH AVE. FT. LAUDERDALE FL 33334 US		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/06/1968	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 01/31/1994	
City & State 23		City & State 28		4. FEI Number 59-1224653	
Zip 24		Zip 29		Applied For Not Applicable	
Country 25		Country 30		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 SHULMISTER, M ROSS 3081 E COMMERCIAL BLVD FT LAUDERDALE FL 33308			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P NAME MCPHERSON, RICHARD A STREET ADDRESS 1721 NW 2ND ST CITY - ST - ZIP OAKLAND PARK FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE S NAME MCPHERSON, BARBARA L STREET ADDRESS 1721 N.W. 42ND ST. CITY - ST - ZIP OAKLAND PARK FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE V NAME KORELISHN, ALBERT C STREET ADDRESS 581 SE 13TH COURT CITY - ST - ZIP POMPANO BCH, FL 00000			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with an address.					
SIGNATURE: <u>Richard A McPherson</u> <u>1/29/95</u> <u>59-1224653</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <u>Richard A McPherson</u>					