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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 366785

(4)

FRENZEL PLUMBING SUPPLIES, INC.

rincipal Place of Business	Mailing Address	T ANN DE TITLE BITTE BOTT TOTAL BIST DINGS BIST DINGS BINGS
260 N ANDREWS AVE T. LAUDERDALE FL 33309	3260 N ANDREWS AVE FT. LAUDERDALE FL 33309-6061	
		3. Data Incorporated or Qualified 12s. Data of Last Report

FILED

May 12 1997 8:00am

Secretary of State

			07/08/1970	07/08/1970 3a. Date of Last Rep					
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Ap	plied For		
21	26			59-1296506	59-1296506 No				
Sulte, Apt. #, etc. Suile, Apt. 22 27			#, etc.		5. Certificate of Status Desired	<u> </u>	\$8.75 Additional Fee Required		
City & State City & State				6. Election Campaign Financing \$5.00 May			May Bo		
23 28					Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Countr	У		n has liability for intengible tax under s. 199.032,			
24 25 29 30					Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent				
TREMZEL, TY-R									
4811 N.W 1ST COURT				82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL									
PLA	NTATION FL 33317		83	3					
			84	Crty		FL	5 Zip (Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida, Such change was a jations of, Section 607.0505, Flor	es, the above uthorized b rida Statute	/e-named or post.	corporation submits this statement for the poration's board of directors. I hereby accep		anging it ment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered ac	NOTE STATE OF THE PROPERTY OF THE POST OF	- Registered As	and ejousture	required when reinstating)	DATE			
12.		ID DIRECTORS	13.	Autra al Grianore	ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12	
TITLE	P	DELETE	1.1 MILE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NAME	FRENZEL, W.R		1.2 NAME				-	- '	
STREET ADDRESS	4811 N.W. 1ST COURT			1 ADDRESS					
CITY-ST-ZIP	PLANTATION, FL 0		1.4 CITY-	Y					
TITLE	8	DELETE	2.1 TITLE	01 211		П	Change	Addition	
NAME	FRENZEL, DIANA		2.2 NAME			_			
STREET ADDRESS	4811 N.W. 1ST COURT			T ADDRESS					
CITY-ST-ZIP	PLANTATION, FL 0		2 4 City		• •)	
TITLE	V	DELETE	31 TITLE	01 211			Change	Addition	
NAME	DOUMA, J. W.	-	3.2 NAME			_	•		
STREET ADDRESS	3210 NW 106 AVE.	•		T ADDRESS					
CITY-ST-ZIP	SUNRISE FL		3.4. CITY	ĭ					
Tritle	V	☐ DELETE	4.1 TITLE	21-EII			Change	Addition	
NAME	FRENZEL, WILLIAM L.	_	4.2 NAMI	.			•		
STREET ADDRESS	4811 N.W. 1 CT.			T ADDRESS					
CITY-ST-ZIP	PLANTATION FL		4.4 CiTY-	1					
TITLE	V	DELETE	5.1 TITLE	01.71			Change	Addition	
NAME	FRENZEL, DAVID J.		5.2 NAME			_			
STREET ADDRESS	4811 N.W. 1 CT.			1 ADDRESS					
CITY-ST-ZIP	PLANTATION FL		5.4 CITY	1					
TITLE	1	DELETE	6.1 TITLE	21-511		П	Change	Addition	
NAME	!	LJ DECTE	6.2 NAME	ĺ		اسبا	Similar	beautiful to the second	
]				T ADDIDE OR				}	
STREET ADDRESS			6.3 \$1REL	T ADDRESS					

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, p) on an attacyment with an address.