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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 366785

1. Corporation Name

FRENZEL PLUMBING SUPPLIES, INC.

Principal Place of Business	Mailing Address		
3260 N ANDREWS AVE	3260 N ANDREWS AVE		
FT. LAUDERDALE FL 33309	FT. LAUDERDALE FL 333		

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90116 043 ***150.00



DO	NOT	WRITE	IN	THIS	SPA	CI
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					DO NOT WATE IN TH	IS SI ACE	
ſ				, [3. Date Incorporated or Qualifed 07/08/1970		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Ар	plied For
21 5301	N. Powerline Rd	26 Sar	ھ		59-1296506	No	t Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23 Ft Lau	derdale FL	28		1	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	į
24 333C	59 Is Broward	29 30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registere	ed Agent	
			81 Na	ame FRI	ENZEL, David J		
	IZEL, DAVID J		82 St		s (P.O. Box Number is Not Acceptable)		
	NW 1ST CT			₹01 °	JW 53rd STREET		
	ITATION, FL		83	,			
PLAN	ITATION FL 33317					05 7:- /	ande .
•			84 Ci	FEG		L 85 33	301
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-na	med corpor	ation submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State of h familiar with land accept the obligatio	Florida, Such change was abut ns of, Section 607.0505, Florida	Statutes.	corporation	s board of directors. Thereby accept the opp	501111111111111111111111111111111111111	gioloros
	.f 1. (. #	,			1-14-99	!	}
SIGNATURE	Signature, typed or crinted girms of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent sign	ature required w	then reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	FRENZEL, DAVID J		1.2 NAME				
STREET ADDRESS	4811 N.W. 1ST COURT		1.3 STREET ADD	RESS			ľ
CITY-ST-ZIP	PLANTATION, FL 0 33317		1.4 CITY-ST-ZIP		<u> </u>		
TITLE	S	₩ DELETE	2.1 TITLE	~		🔀 Change	☐ Addition
NAME	FRENZEL, DIANA	·	2.2 NAME	l no	WID J FRENZEL	**	-
STREET ADDRESS	4811 N.W. 1ST COURT		2.3 STREET ADD	RESS a	of NW 53rd Street		
CITY-ST-ZIP	PLANTATION, FL 0		2. 4 CITY-ST-ZIF		WID J FRENZEL DI NW 53rd Street t. Couderdule FLS	33309	
TITLE	V	▼ DELETE	3.1 TITLE	V		Change	☐ Addition
NAME	FRENZEL, WILLIAM L.	^	3.2 NAME	No.	VID I FRENZEL.		
STREET ADDRESS	4811 N.W. 1 CT.	l	3.3 STREET ADD	RESS A	I IIW 53rd Street		
CITY-ST-ZIP	PLANTATION FL		3.4. CITY-ST-ZIF		+ rouderdele, Fl	3330	9
TITLE		☐ DELETE	4.1 TITLE		VID J FRENZEL I NW 53rd Street L Landerdele, FL	Change	Addition
NAME			4. 2 NAME				
,			4.3 STREET ADD	RESS			
STREET ADDRESS			4.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	51 TITLE			☐ Change	Addition
		_ 51	5.2 NAME	1			_
NAME			5.3 STREET ADD	RESS			
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		<u> </u>	Change	☐ Addition
TITLE		☐ DELETE	6.2 NAME			C. Orlange	, المسامان الب
NAMÉ				DECC			ļ
STREET ADDRESS			6.3 STREET ADD				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR