FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

GEORGE GUNTER PLUMRING INCORPORATED

Principal Prace 14629 SOUTH SUITE 114 MIAMI FL 3318	WEST 104TH STREET	SUITE 114 MIAMI FL 33186-2905	SOUTHWEST 104TH STREET				
US		US			3. Date Incorporated or Qualified 11/06/1970	3a. Date of Last 08/07/1996	
2. Principal P	Place of Business	2a. Mailing Address 26		:	4. FEI Number 59-1310876)	pplied For lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	Additional tequired
City & State	e	City & State	:		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 29	Countr	<i>y</i>	8. This corporation has liability for i	ntangible tax under	s. 199.032,
	9. Name and Address of Curren		100		10. Name and Address of New Re-		
CH	NTER, RICHARD D.	· • · · · · · · · · · · · · · · · · · ·	61	Name			
14629 SOUTHWEST 104 STREET SUITE 114				42 Street Address (P.O. Box Number is Not Acceptable)			
	MI FL 33186		43				,
			84	City	······································	FL 85 Zip	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 registored agent, or both, in the State on familiar with, and accept the obliging	2 and 607.1508, Florida Stat of Florida. Such change wa ations of, Section 607.0505,	tutes, the above s authorized b Florida Statute	e-named corp y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing at the appointment a	its registered s registered
SIGNATIONE	Signature, typed or printed name of registered age	ent and title if applicable : (N	OTE: Registered A	ent signature requi	red when reinstaling)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC		
THEF	PDS	[] DELETE	1.1 TITL		•	Change	Addition
NAME	GUNTER, RICHARD D.	TOCCT CHITC 444	1.2 NAME	ĺ			
STREET ADDRESS	14629 SOUTHWEST 104TH S	INCCI, OUILC 114		T ADDRESS			,
CITY-ST-ZIP	MIAMI FL	T DELETE	1.4 CITY	ST-ZIP		[] 0b	1.4400.00
TITLE	_	DELETE	2.1 TITLE	ļ		Change	Addition
NAME			2.2 NAME	-			
STREET ADDRESS				T ADDRESS			l
CITY - ST - ZIP		DELETE	2. 4 City	ST-ZIP		Change	Addition
TITLE		CT DECEIL	3.1 TITLE 3.2 NAME			Orlange	- AUGMON
NAME PTOLLL ADDRESS				T ADDRESS			
STREET ADDRESS			3.3 STRE				
CITY - ST - ZIP TULE		DELETE	41 TITLE	31-24F		Change	Addition
NAME		had a really	4 2 NAM				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIF			4.4 CITY	1			
TITLE		DELETE	5.1 TITLE		,	Change	Addition
NAME			5.2 NAME	I	·		
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP			5.4 CITY	1		and the	
TITLE		DELETE	6.1 TATLE	·		Change	Addition
NAME			6.2 NAME			_ •	
STREET ADDRESS				T ADDRESS			l
CITY - \$1 - ZIF			6.4 CITY				

SIGNATURE:

14. I do hereby certify that the information supplied with this filing does not qualify for the examption 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 Palock 17 changed or organization experiences.

FILED

May 05 1997 8:00am

Secretary of State