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 # 390074

1. Corporation Name

SILVER PLUMBING & SEWER SERVICE, INC.

Principal Place of Business	Mailing Address
1071 N.E. 79 ST.	% HIXSON, MARIN, POWE

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90187 001 ***150.00



MIAMI FL 33138 16100		% HIXSON, MARIN, POWELL & DE 16100 NE 16 AVE STE B N MIAMI BCH FL 33162	** · · · · · · · · · · · · · · ·		DO NOT WRITE IN THIS SPACE						
					3.	Date Incorporated or Qualifed 10/21/1971					
2.	Principal Place of Business	2a. Mailing Address			4.	FEI Number		\top	Applied For		
21		26			<u></u>	59-1365336			Not Applicable		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Certifcate of Status Desired			.75 Additional se Required		
23	City & State	City & State			•	Election Campaign Financing Trust Fund Contribution		•	.00 May Be		
24	Zip Country 25	Zip Country 30			1	This corporation owes the current year in Personal Property Tax.		jible Yes			
_	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
ALLEN STEINMAN C/O SILVER PLUMBING 1071 NE 79 ST. MIAMI FL 33138			81		ss (P.	O. Box Number is Not Acceptable)	; 				
			83								
			84			FI	<u> </u>		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 applications	le (NOTE R	egistered Agent signature n	equired when reinstation	DATE		
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES		D DIRECTOR	RS IN 12
TITLE	S	☐ DELETE	1.1 TITLE		 	☐ Change	☐ Addition
NAME	STEINMAN, PAULA		1.2 NAME				
STREET ADDRESS	1071 N.E. 79TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33138		1.4 CITY-ST-ZIP		<u> </u>		_
TΠLE	P	□ DELETE	2.1 TITLE	•	-	Change	☐ Addition
NAME [STEINMAN, ALLEN		2.2 NAME				
STREET ADDRESS	1071 N.E. 79TH STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33138		2.4 CITY-ST-ZIP	·	·		
TITLE	•	DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME '	•		3.2 NAME				;
STREET ADDRESS		•	3.3 STREET ADDRESS				
CITY-ST-ZIP	<u>in the second of the second o</u>		3.4. CITY-ST-ZIP		·		
TITLE		□ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME {			, 4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	•	☐ DELETE	5.1 TITLE		•	Change	☐ Addition
NAME	•		5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				i
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
IIILE [☐ DELETE	6.1 TITLE		,	Change	Addition
NAME }			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP			_	

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:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR