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May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 393288

(6)

1. Corporation Name

JULIUS BLUM PLUMBING, INCORPORATED

Principal Place of Business

717 EAST WASHINGTON ST.  
ORLANDO FL 32801-2839

Mailing Address

717 EAST WASHINGTON ST.  
ORLANDO FL 32801-2839

3. Date Incorporated or Qualified

12/30/1971

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 P.O. Box 533958

27 City & State

28 ORLANDO FL

Zip

Country

29 32853-3958

30

4. FEI Number

59-1374231

Applied For

Not Applicable

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

KATZ, LAWRENCE H. A  
341 MAITLAND AVE  
SUITE 120  
MAITLAND FL 32751

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

TITLE	S	DELETE
NAME	BLUM, YVETTE L	
STREET ADDRESS	2108 MONTANA AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	DELETE
NAME	BLUM, LONNIE	
STREET ADDRESS	1432 NIOBE CT.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DP	DELETE
NAME	BLUM, JULIUS	
STREET ADDRESS	2108 MONTANA AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	DELETE
NAME	BLUM-SMITH, LORI J	
STREET ADDRESS	4595 SOUTH SHORE RD	
CITY - ST - ZIP	ORLANDO FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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, or on an attachment with an address.

SIGNATURE: *Julius Blum* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 407 894 3034  
Date Daytime Phone #

0082768

CR2E034 (9/96)