

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
BUREAU OF CORPORATIONS

FILED  
SECRETARY OF STATE  
BUREAU OF CORPORATIONS

95 JAN 20 PM 4:09

DOCUMENT # 401889 (1)

1. Corporation Name  
**NOVA PLUMBING, INC**

Principal Place of Business Mailing Address  
**277 E. OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/25/1972** 3a. Date of Last Report **01/27/1994**  
4. FEI Number **59-1395447** Applied For  Not Applicable   
5. Certificate of Status Desired  \$9.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. State Apt # etc. 26. Route, Apt #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent  
**GIGLER, THOMAS  
277 E. OAKLAND PARK BLVD.  
FORT LAUDERDALE FL 33334**  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

10. Name and Address of New Registered Agent

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  
SIGNATURE **Thomas Gigler** DATE **1/16/95**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required for this filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GIGLER, THOMAS 206 SO VICTORIA PARK RD FORT LAUDERDALE FL</b>	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President Nixon, Grant 137 E. Palm Drive Margate, Fla. 33063</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS GIGLER, LORI 206 S. VICTORIA PARK RD FT LAUDERDALE, FL 00000</b>	2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Vice President Lanni, Alan 6286 S.W. 20 Street Pompano, Fla. 33068</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V NIXON, GRANT 4281 W MCNAB ROAD, #21 POMPANO, FL 33069</b>	3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Secretary/Treasurer Nixon, Gaile 137 E. Palm Drive Margate, Fla. 33063</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LANNI, ALAN 6286 S.W. 20 STREET POMPANO, FL 33068</b>	4.1 TITLE 42 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Director Gigler, Thomas 206 S. Victoria Park Road Ft. Lauderdale, Fla. 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(3)(k), 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 at Block 12 or Block 13, if changed, or as an attachment with an affidavit.

SIGNATURE: **David G. Nuber - Secretary** DATE **1-16-95** TELEPHONE **305-565-7200**  
(Signature and typed or printed name of filing officer or director)