

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **401889** (1)

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



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/25/1972</b>	3a. Date of Last Report <b>01/20/1995</b>
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>50-1395447</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GIGLER, THOMAS 277 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33334</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent or trustee; legal name) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIGLER, THOMAS</b>		1.2 NAME				
STREET ADDRESS	<b>206 SO VICTORIA PARK ROAD</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>		1.4 CITY-ST-ZIP				
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANNI, ALAN</b>		2.2 NAME				
STREET ADDRESS	<b>6286 S.W. 20 STREET</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>POMPANO FL 33068</b>		2.4 CITY-ST-ZIP				
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>ST</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIXIN, GAILE</b>		3.2 NAME	<b>Nixon, Gaile</b>			
STREET ADDRESS	<b>137 E. PALM DRIVE</b>		3.3 STREET ADDRESS	<b>137 East Palm Drive</b>			
CITY-ST-ZIP	<b>MARGATE FL 33063</b>		3.4 CITY-ST-ZIP	<b>Margate, FL 33063</b>			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<b>P</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIXIN, GRANT</b>		4.2 NAME	<b>Nixon, Grant</b>			
STREET ADDRESS	<b>137 E. PALM DRIVE</b>		4.3 STREET ADDRESS	<b>137 East Palm Drive</b>			
CITY-ST-ZIP	<b>MARGATE FL 33063</b>		4.4 CITY-ST-ZIP	<b>Margate, FL 33063</b>			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 119.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **GRANT NIXON** Date: **3/5/96** Daytime Phone #: **954-565-7200**

CR2E034 (12/95)