

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 05/25/1972	3a. Date of Last Report 01/20/1995
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 50-1395447	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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			
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

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 required.) (NOTE: Registered Agent signature required when re-stating)

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