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 # 401889

NOVA PLUMBING, INC

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

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90028 017 ***150.00



Principal Place	e of Business	Mailing Address		J 18811; BIBN 86161 11881 18181 1818 1811 1811 81811 81811 81811 81811 81811 81811
277 E. OAKLAN FT. LAUDERDAI		277 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				05/25/1972
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-1395447 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-5. Certificate of Status Desired Fee Required
City & Stat	9	City & State		6. Election Campaign Financing \$5.00 May Be
23	G	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30		Personal Property Tax.
	9. Name and Address of Curr	ent Registered Agent	94 N	10. Name and Address of New Registered Agent
CICI	ED THOMAS		81 Name T	GEL R. LAVENDER
Gigler,Thomas 277 E. Oakland Park Blyd. Fort Lauderdale Fl 33334			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
			83 5°	7 SOUTHEAST 11 COURT
1 011	T DAODENDALE I'E 00004		83	
			84 City	7 LAUGURALE FL B5 Zip Code 33316
	to the continue of Sections 607.0	502 and 507 1509 Elevida Statutos th		poration submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the Sta	te of Florida. Such change was authori	zed by the corporation	on's board of directors. I hereby accept the appointment as registered
agent. I a	ım familiar with, and accept the obli	gations of, Section 607.0505, Florida S	Statutes.	
SIGNATURE	Jon	NOTE D	ered Agent signature required	1/28/99 DATE
	Signature typed or printed name of registered a		ered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP		1 TITLE	Change Addition
NAME	LANNI, ALAN	_	.2 NAME	
STREET ADDRESS	ACCC CAN OR CEDEET		.3 STREET ADDRESS	
	POMPANO FL 33068		4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	ST		1 TITLE	☐ Change ☐ Addition
NAME	NIXON, GAILE	2	.2 NAME	
STREET ADDRESS	407 E DALLA DORUE	1	.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL		. 4 CITY-ST-ZIP	and the second s
TITLE	P		1 TITLE	☐ Change ☐ Addition
NAME	NIXON, GRANT	: 3	.2 NAME	·
STREET ADDRESS	ACT E DAVIA COME	3	3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL		4. CITY-ST-ZIP	
TITLE		☐ DELETE 4	,1 TITLE	Change Addition
NAME		4	. 2 NAME	
STREET ADDRESS		4	.3 STREET ADDRESS	
CITY-ST-ZIP		1 4	.4 CITY-ST-ZIP	
TITLE		☐ DELETE 5	.1 TITLE	☐ Change ☐ Addition
NAME		5	.2 NAME	•
STREET ADDRESS		5	3 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE 6	.1 TITLE	Change Addition
NAME		6	.2 NAME	
STREET ADDRESS		6	.3 STREET ADDRESS	

CITY-ST-ZIP 14. 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.

6.4 CITY-ST-ZIP

SIGNATURE: _____