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May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 410176 (2)

1. Corporation Name  
FLORIDA VALVE & FITTING CO.

Principal Place of Business  
3300 CORPORATE AVENUE  
SUITE 118  
FT. LAUDERDALE FL 33331  
US

Mailing Address  
3300 CORPORATE AVENUE  
SUITE 118  
FT. LAUDERDALE FL 33331-3504  
US



3. Date Incorporated or Qualified 10/05/1972  
3a. Date of Last Report 03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENNON, H. E.  
400 NW 127 AVENUE  
#13  
PLANTATION FL 33325

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 of 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT  
NAME LENNON, H. E.  
STREET ADDRESS 400 NW 127 AVENUE, #13  
CITY-ST-ZIP PLANTATION FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 33325

TITLE S  
NAME LENNON, JANE F.  
STREET ADDRESS 400 NW 127 AVENUE, #13  
CITY-ST-ZIP PLANTATION FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 33325

TITLE V  
NAME HOMAN, PETER C.  
STREET ADDRESS 16840 98TH WAY N.  
CITY-ST-ZIP JUPITER FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 33478

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE EXEC V.P.  
4.2 NAME LENNON, GREGG W  
4.3 STREET ADDRESS 1750 COOPLUM COURT  
4.4 CITY-ST-ZIP LONGWOOD, FL 32750

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97 954-389-4888

Date

Daytime Phone #

CR2E034 (9/96)