

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 OCT -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 417773 (9)
1. Corporation Name
SIMONTON PLUMBING, INC.

Principal Place of Business

1990 E 6 AVENUE
HALEAH FL 33013
US

Mailing Address

P.O. BOX 3697
P.O. BOX 3697
HALEAH FL 33010-3209
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1973	3a. Date of Last Report 07/30/1996
4. FEI Number 59-1450848	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1975 SW 116 AVE 22 DAVIE FL 23 City & State 24 Zip 33325 25 Country FLORIDA	2a. Mailing Address 26 1975 SW 116 AVE 27 DAVIE FL 28 City & State 29 Zip 33325 30 Country FLORIDA
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9. Name and Address of Current Registered Agent

SIMONTON, KEITH T
1975 SW 116 AVE
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	PD	1.1 TITLE	
NAME	SIMONTON, KEITH	1.2 NAME	1975 SW 116 AVE
STREET ADDRESS	1090 EAST 6TH AVENUE	1.3 STREET ADDRESS	DAVIE FL 33325
CITY-ST-ZIP	HALEAH FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME	PORTILLO, RICARDO	2.2 NAME	
STREET ADDRESS	6890 W 2 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	000002311900--1
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-10/03/97--01115--0008
TITLE		4.1 TITLE	****778.75
NAME		4.2 NAME	****778.75
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

SIMONTON, KEITH T. SIMONTON (954) 2369319
9/29/97

CR2E034 (4/97)