## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 417773

(9)

SIMONTON PLUMBING, INC.

**FILED** 

Apr 23 1998 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address				
1975 S.W. 116	6 AVE.	1975 S.W. 116 AVE.				
DAVIE FL 333	925	DAVIE FL 33325				
US		US			DO NOT WRITE IN	HIS SPACE
					3. Date Incorporated or Qualified	l
<u> </u>	AT INDIAN TO STATE OF THE STATE				01/30/1973	
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	was a second of the second	[26]			59-1450848	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
<b>Z</b> ip	T 22	28	1 0		Trust Fund Contribution	
<b>⊢</b> ⊣ '	Country	Zφ	Count	У	8. This corporation owes or has paid th	
24	25 Name and Address of Curre	29	30		Personal Property Tax due June 30.	Yes No
		ant Registered Agent	<sub>8</sub>	1 Name	10. Name and Address of New Registr	ered Agent
	IONTON, KEITH T		١٣	Ivaille		
1975 S.W. 116 AVE.			8:	Street Add	ress (P.O. Box Number is Not Acceptable)	
DA\	VIE FL 33325		<u> </u>			
			8:	3		
			84	City		85 Zip Code
				' '		FL
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abo	ve-named corp	poration submits this statement for the purpo	se of changing its registered
agent La	m familiar with, and accept the obli	gations of Section 607.0505, FI	orida Statuti	oy the corporat 98.	poration submits this statement for the purportion's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
	Signature, type for printed name of regulered as			gen: signature requi		ATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1 1 TITLE			☐ Change ☐ Addition
NAME	SIMONTON, KEITH		1.2 NAME	1		
STREET ADDRESS	1975 S.W. 116 AVE.		13 STREI	T ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		14 CITY-	S1-ZIP		
TIFLE	Ţ	☐ DELETE	21 TITLE			☐ Change ☐ Addition
NAME	PORTILLO, RICARDO		2.2 NAME	İ		
STREET ADDRESS	1975 S.W. 116 AVE.		2 3 STREE	T ADDRESS		,
CITY - S1 - ZIP	HIALEAH FL 33325		2 4 CITY	-S1-ZIP		
TITLE		DELETE	3 1 TIFLE			☐ Change ☐ Addition
NAME			3 2 NAME	1		
STREET ADDRESS			3 3 STREE	T ADDRESS		
CITY ST ZIP			3.4. C(TY	ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAMI	;		
STREET ADDRESS			4.3 STREE	I ADDRESS		
CITY-S1-ZIP			4.4 CITY -			
THE		☐ DELF 1E	5.1 1011			Change Addition
NAME		_	5.2 NAME			
STREET ADDRESS				T ADDRESS		
CHTY-ST-ZIP						
TITLE		DELETE	5.4 CITY - 6.1 TITLE	51 · ZIP		Change Addition
			I.			L Unange L Adultion
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-7IP			64 CITY -	ST-ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stay indicated on this annual report or supplemental annual report is true and accurate and that my fit officer or director of the corporation or the receiver or trustee empowered to exocute this eport as Block 12 or Block 13 if changed, or on an attachment with an address Our Section 119.07(3)(i), Fiorida Statutes. I further certify that the information in the same legal effect as if made under oath; that I am an adjusted by Chapter 607, Fiorida Statules; and that my name appears in

SIGNATURE: