

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **565905** (7)

1. Corporation Name  
**ACTION PLUMBING SUPPLY CO.**



Principal Place of Business: **5411 NW 15 ST  
PO BOX 634817  
MARGATE FL 33063**

Mailing Address: **5411 NW 15 ST  
PO BOX 634817  
MARGATE FL 33063**

3. Date Incorporated or Qualified: **02/02/1978**

3a. Date of Last Report: **01/20/1995**

4. FEI Number: **59-1798150** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21

2a. Mailing Address: 26

22. State, Apt. #, etc.: 27

23. City & State: 28

24. Zip: 25 Country: 29 30

**9. Name and Address of Current Registered Agent**

**BERKE, JUDITH  
5411 NW 15TH STREET  
MARGATE FL 33063**

**10. Name and Address of New Registered Agent**

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 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>STD BERKE, JUDITH</b>	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: <b>7579 IMPERIAL DR BOCA RATON FL</b>		1.2 NAME:	
12.3 CITY-STATE-ZIP: <b>BOCA RATON FL</b>		1.3 STREET ADDRESS:	
12.4 TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP:	
12.5 NAME: <b>BERKE, KENNETH</b>		2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS: <b>22324 BOYACA AVENUE BOCA RATON FL</b>		2.2 NAME:	
12.7 CITY-STATE-ZIP: <b>BOCA RATON FL</b>		2.3 STREET ADDRESS:	
12.8 TITLE: <b>P</b>	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP:	
12.9 NAME: <b>BERKE, STUART</b>		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS: <b>4984 N.W. 84 ROAD CORAL SPRINGS, FL 00000</b>		3.2 NAME:	
12.11 CITY-STATE-ZIP:		3.3 STREET ADDRESS:	
12.12 TITLE:	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP:	
12.13 NAME:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS:		4.2 NAME:	
12.15 CITY-STATE-ZIP:		4.3 STREET ADDRESS:	
12.16 TITLE:	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP:	
12.17 NAME:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS:		5.2 NAME:	
12.19 CITY-STATE-ZIP:		5.3 STREET ADDRESS:	
12.20 TITLE:	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP:	
12.21 NAME:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS:		6.2 NAME:	
12.23 CITY-STATE-ZIP:		6.3 STREET ADDRESS:	
12.24 TITLE:	<input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP:	
12.25 NAME:			
12.26 STREET ADDRESS:			
12.27 CITY-STATE-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 officer 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: *Judith Berke* **JUDITH BERKE** DATE: **2/14/96** DAYTIME PHONE: **305-971-7892**

CR2E034 (12/95)