

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -6 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 608746 (4)

1. Corporation Name
A KUSCH PLUMBING, INC.

Principal Place of Business: **9130 WILES ROAD, #191 CORAL SPRINGS FL 33067**
Mailing Address: **9130 WILES ROAD, #191 CORAL SPRINGS FL 33067**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.		2a. State, Apt. #, etc.		02/02/1979	03/15/1994
22. City & State		27. City & State		4. FEI Number	Applied For (Not Applicable)
23. Zip		29. Zip		59-1877250	
24. Country		30. Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Tax treatment election	<input type="checkbox"/> \$5.00 May Be Added to Fees
				7. This corporation has liability for sales tax under s. 190.001, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KUSCH, LARRY 13170 81ST STREET NORTH ROYAL PALM BEACH FL 33412				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	PD KUSCH, LARRY 13170 81ST STREET NORTH ROYAL PALM BEACH FL	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME	
CITY		1.3 STREET ADDRESS	
STATE		1.4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		2.1 NAME	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 NAME	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 NAME	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 NAME	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 NAME	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (17)(1)(A), Florida Statutes. I further certify that the information included on this annual report or subsequent annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee responsible to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report as an attachment with an address.

SIGNATURE: _____ DATE: 6/30/95
 SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR: _____
 407-795-8797

CR2E034 (3/95)