SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (4)608746 A KUSCH PLUMBING, INC. Mailing Address Principal Place of Business 9130 WILES ROAD. #191 9130 WILES ROAD. #191 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 3a. Date of Last Report 3. Date Incorporated or Qualified 07/06/1995 02/02/1979 Applied For FEI Number 2. Principal Place of Bysiness 2a. 21 4262 NORTHLAKE BIVD. 26 2a. Mailing Address 26 PO BOX 12604 Not Applicable 59-1877250 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199 032 Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KUSCH LARKY KUSCH, LARRY Street Address (P.O. Box Number is Not Acceptable) 13170 61ST STREET NORTH **ROYAL PALM BEACH FL 33412** LOYAHAYCHEE 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floring Statules, 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, and accept the obligations of, Section 607.0505, Florida Statules. LARRY W. KUSCH 8/13/94 Marie Lagerr and bille if ap SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE PD TITLE 16157 76+4 ST. N. LOXAHATCHEE FL. 33470 1.2 NAME KUSCH, LARRY NAME 13 STREET ADDRESS 13170 61ST STREET NORTH STREET ADDRESS ROYAL PALM BEACH FL CITY - ST - ZIP DELETE 211 TITLE NAME ET ADDRESS STREET ADDRESS Change Addition CHTY-ST-ZIP DELETE TITLE 32 NAME ACCIRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE NAME ADDRESS STREET ADDRESS -ZIP Change Addition CITY-ST-ZIP DELETE TITLE NAME ADDRESS STREET ADDRESS T - ZIP CITY - ST - ZIP DELETE 61 TITLE 62 NAME 635 ADDRESS ***400.00 STREET ADDRESS ST-ZIP 640 does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I report is true and accurate and that my signature shall paye, the emic tool effect as if see empowered to execute this report as required by Chapter 17, Florida Statutes, and dress CITY-ST-ZIF
14. I do hereby certify that the information supplied with this filing is voluntarily furn-shed an further certify that the information indicated on this annual report or supplemental annumade under oath, that I am an officer or director of the corporation or the receiver or truth that my name appears in Block 12 or Block 13 if changed, or on an attachment with an another process. CITY - ST - ZIE SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR)

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