FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -6 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732288 (6)

1. Corporation Name

FLORIDA ASSOCIATION OF PLUMBING, HEATING AND COO LING CONTRACTORS OF BROWARD COUNTY, INC

Principal Place of Business	Mailing Address
P.O. BOX 21336 FT. LAUDERDALE FL 33335-8336	P.O. BOX 21336 FT. LAUDERDALE FL 33335-8336

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1975
3a. Date of Last Report: 02/10/1994
4. FEI Number: 51-0185548 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOREN, SAMUEL S.
3040 EAST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LATORRE, WILSON	1.2 NAME	FRITZ, DONALD A	
STREET ADDRESS	4100 W COMMERCIAL BLVD	1.3 STREET ADDRESS	2223 NW 64 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33313	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	GREEN, RUSSELL	2.2 NAME	LATORRE, WILSON	
STREET ADDRESS	3240 NE 2 AVE	2.3 STREET ADDRESS	4100 W COMMERCIAL BLVD	
CITY-ST-ZIP	ORANGE PK FL	2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33319	
TITLE	D	3.1 TITLE	T	☒ Change ☐ Addition
NAME	KUEHN, ALBERT	3.2 NAME	KUEHN, ALBERT	
STREET ADDRESS	4775 N ANDREWS AVE EXT	3.3 STREET ADDRESS	328 N OCEAN BLVD #508	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	4.1 TITLE	D	☒ Change ☐ Addition
NAME	THOMPSON, JOHN	4.2 NAME	THOMPSON, JOHN	
STREET ADDRESS	4970 SW 52 STR #309	4.3 STREET ADDRESS	1414 W MCNAB RD	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GRESHAM, HARVEY	5.2 NAME		
STREET ADDRESS	3501 NW 29 STR	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LKS FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	S	☒ Change ☐ Addition
NAME	SWAIN, SCOTT	6.2 NAME	HOWELL, JOE	
STREET ADDRESS	6299 JOHNSON STREET	6.3 STREET ADDRESS	4970 SW 52 ST #309	
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	DAVIE, FL 33314	

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert E. Kuehn ALBERT KUEHN, TREASURER 2/27/95 305-782-7986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047488