

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732288 (6)

1. Corporation Name

FLORIDA ASSOCIATION OF PLUMBING, HEATING AND COOLING CONTRACTORS OF BROWARD COUNTY, INC



Principal Place of Business

P.O. BOX 21336
FT. LAUDERDALE FL 33335-8336

Mailing Address

P.O. BOX 21336
FT. LAUDERDALE FL 33335-8336

3. Date Incorporated or Qualified
03/27/1975

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P**
FRITZ, DONALD A.
STREET ADDRESS **2223 NW 64 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **V**
LATORRE, WILSON
STREET ADDRESS **4100 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **T**
KUEHN, ALBERT
STREET ADDRESS **328 N OCEAN BLD #508**
CITY-ST-ZIP **POMPANO BEACH FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D**
THOMPSON, JOHN
STREET ADDRESS **1414 W MCNAB ROAD**
CITY-ST-ZIP **FT LAUDERDALE FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D**
GRESHAM, HARVEY
STREET ADDRESS **3501 NW 29 STR**
CITY-ST-ZIP **LAUDERDALE LKS FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **S**
HOWELL, JOE
STREET ADDRESS **4970 SW 52ND ST #309**
CITY-ST-ZIP **DAVE FL**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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: *Donald A. Fritz*

Donald A. Fritz, Pres. 2/16/96

954/782-7986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)