

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
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

Mailing Address

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

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

2. Principal Place of Business

21 300 N.W. 25th Street
Suite, Apt. #, etc.

2a. Mailing Address

26 300 N.W. 25th Street
Suite, Apt. #, etc.

City & State

23 Wilton Manors, FL

Zip

24 33311

Country

City & State

28 Wilton Manors, FL

Zip

29 33311

Country

g. Name and Address of Current Registered Agent

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

REINSTATEMENT

3. Date Incorporated or Qualified

03/27/1975

3a. Date of Last Report

02/27/1996

4. FEI Number

51-0185548

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Michael W. Hadley

82

Street Address (P.O. Box Number is Not Acceptable)

300 N.W. 25th Street

83

84

City
Wilton Manors

FL

85

Zip Code
33311

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 Michael W. Hadley

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

(NOTE: Registered Agent signature required when reinstating)

12/31/97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FRITZ, DONALD A.

STREET ADDRESS 2223 NW 64 AVE

CITY-ST-ZIP FT LAUDERDALE FL

TITLE V ☒ DELETE

NAME LATORRE, WILSON

STREET ADDRESS 4100 W COMMERCIAL BLVD

CITY-ST-ZIP FT LAUDERDALE FL

TITLE T ☐ DELETE

NAME KUEHN, ALBERT

STREET ADDRESS 328 N OCEAN BLD #508

CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☒ DELETE

NAME THOMPSON, JOHN

STREET ADDRESS 1414 W MCNAB ROAD

CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME GRESHAM, HARVEY

STREET ADDRESS 3501 NW 29 STR

CITY-ST-ZIP LAUDERDALE LKS FL

TITLE S ☒ DELETE

NAME HOWELL, JOE

STREET ADDRESS 4970 SW 52ND ST #309

CITY-ST-ZIP DAVIE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

S

☒ Change ☐ Addition

1.2 NAME

Fritz, Donald A.

1.3 STREET ADDRESS

10863 N.W. 50th Street

1.4 CITY-ST-ZIP

Sunrise, FL 33351

2.1 TITLE

P

☐ Change ☒ Addition

2.2 NAME

Patrick Murray

2.3 STREET ADDRESS

1134 S.W. 1st Way

2.4 CITY-ST-ZIP

Deerfield Beach, FL 33441

3.1 TITLE

V

☐ Change ☒ Addition

3.2 NAME

Ed Hosbach

3.3 STREET ADDRESS

1331 S. Dixie Highway W #8A

3.4 CITY-ST-ZIP

Pompano Beach, FL 33060

4.1 TITLE

D

☐ Change ☒ Addition

4.2 NAME

Paul Gatto

4.3 STREET ADDRESS

2798 N. 3. 24th Street

4.4 CITY-ST-ZIP

Lighthouse Point, FL 33064

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.5 TITLE

5.6 NAME

5.7 STREET ADDRESS

5.8 CITY-ST-ZIP

5.9 TITLE

5.10 STREET ADDRESS

5.11 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Albert Kuehn

500002395715-7

-01/09/98--01053--016

*****236.25 *****236.25

☐ Change ☐ Addition

CR2E037 (4/97)