

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90006 006 \*\*\*\*61.25

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**DOCUMENT # 732288**

1. Corporation Name

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

Principal Place of Business

300 N.W. 25TH STREET  
WILTON MANORS FL 33311

Mailing Address

300 N.W. 25TH STREET  
WILTON MANORS FL 33311



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/27/1975

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

9. Name and Address of Current Registered Agent

**HADLEY, MICHAEL W**  
**300 N.W. 25TH STREET**  
**WILTON MANORS FL 33311**

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 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

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **FRITZ, DONALD A**  
CITY-ST-ZIP **10863 N.W. 50TH STREET**  
**SUNRISE FL 33351**

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **MURRAY, PATRICK**  
CITY-ST-ZIP **1134 S.W. 1ST WAY**  
**DEERFIELD BEACH FL 33441**

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

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **HOSBACH, ED**  
CITY-ST-ZIP **1331 S. DIXIE HWY. W #8**  
**POMPANO BEACH FL 33060**

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

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **GATTO, PAUL**  
CITY-ST-ZIP **2798 N.E. 24TH STREET**  
**LIGHTHOUSE POINT FL 33064**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS **Fritz, Donald**  
1.4 CITY-ST-ZIP **10863 NW 50th Street**  
**Sunrise, FL 33351**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **S**  
2.3 STREET ADDRESS **Murray, Patrick**  
2.4 CITY-ST-ZIP **1134 SW 1st Way**  
**Deerfield Beach, FL 33441**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **P**  
4.3 STREET ADDRESS **Hosbach, Ed**  
4.4 CITY-ST-ZIP **1331S. Dixie Hwy W #8**  
**Pompano Beach, FL 33060**

5.1 TITLE ☒ Change ☒ Addition  
5.2 NAME **V**  
5.3 STREET ADDRESS **Cline, Daniel**  
5.4 CITY-ST-ZIP **1058 NE 43rd Court**  
**Ft Lauderdale, FL 33334**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **Dodd, John**  
6.4 CITY-ST-ZIP **175 SE 2nd Ave**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, 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 with an officer like empowered.

SIGNATURE:

**SCANNED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

(954) 565-3372

Daytime Phone #

CR2E037 (11/98)