

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 # 733292 (7)

1. Corporation Name

PALM BEACH COUNTY ASSOCIATION OF PLUMBING HEATING COOLING CONTRACTORS, INC.



Principal Place of Business

**4601 GEORGIA AVENUE
SUITE 215
WEST PALM BEACH FL 33405
US**

Mailing Address

**4601 GEORGIA AVENUE
SUITE 215
WEST PALM BEACH FL 33405
US**

3. Date Incorporated or Qualified
07/14/1975

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

21 PHCC
Suite, Apt. #, etc.

22 411 Palm Street

23 West Palm Beach, FL

24 33401 **25 USA**

2a. Mailing Address

26 411 Palm Street
Suite, Apt. #, etc.

27 West Palm Beach, FL

28 West Palm Beach, FL

29 33401 **30 USA**

4. FEI Number
51-0192468

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DIMARIA, DENISE
4601 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name Debra Maxwell
82 Street Address (P.O. Box Number is Not Acceptable) 411 Palm Street
83
84 City West Palm Beach FL **85 Zip Code 33401**

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 *Debra Maxwell*

EXECUTIVE DIRECTOR

2-6-96

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	D	<input type="checkbox"/> DELETE
NAME	VERNICK, ROBERT	
STREET ADDRESS	9530 TRIVOLLO PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FOX, PAUL	
STREET ADDRESS	612 INDUSTRIAL AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REYNOLDS, JON	
STREET ADDRESS	811 BARNETT DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	J	<input type="checkbox"/> DELETE
NAME	DIMARIA, JOE	
STREET ADDRESS	4601 GEORGIA AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLTROCK, BRYAN	
STREET ADDRESS	1200 CLINT MOORE ROAD, #10	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIESTENBERG, ROBERT	
STREET ADDRESS	3615 FISCAL COURT	
CITY-ST-ZIP	RIEMER BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vernick, Robert	
1.3 STREET ADDRESS	9530 Trivolo Place	
1.4 CITY-ST-ZIP	Boca Raton FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)