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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F48098

(0)

1. Corporation Name

DEEMARIA PLUMBING, INC.

Principal Place of Business

4601 GEORGIA AVE
WEST PALM BEACH FL 33405
US

Mailing Address

4601 GEORGIA AVE
W. PALM BEACH FL 33405-2811
US

3. Date Incorporated or Qualified
09/10/1981

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

26 4601 Georgia Avenue

4. FEI Number

59-2154148

Applied For

Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

28 West Palm Beach FL 33405

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

29 33405

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIMARIA, JOSEPH
815 24TH AVE NORTH
LAKE WORTH FL 33460

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME DIMARIA, JOSEPH
STREET ADDRESS 815 24TH AVE N
CITY-ST-ZIP LAKE WORTH, FL 00000

TITLE T
NAME DIMARIA, JUDITH
STREET ADDRESS 815 24TH AVE N
CITY-ST-ZIP LAKE WORTH, FL 00000

TITLE V
NAME DIMARIA, DENISE
STREET ADDRESS 815 24TH AVE NORTH
CITY-ST-ZIP LAKE WORTH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0200020

CR2E034 (9/96)