SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) APPROVED							
F	PROFIT		FLORIDA DEPARTI			APPRO AN	
	PORATION JAL REPORT		Sandra B. I	▼		FILI	ĒD .
	1996		Secretary DIVISION OF CO	ORPORATIONS		96 SEP -9	PM 12: 01
DOCUMENT # F59596			(9)			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
THE PLUMBING COMPANY, INC.							
Principal Place of Business Mailing Address						A CONTON TON BITTE BUTTER BUTTER COLUMN DI	II OIDII DIBII BIBIF DIBIF DIBIF BIBIF IODF
5753 RODMAN STREET 5753 RODMAN STREE HOLLYWOOD FL 33023 HOLLYWOOD FL 3302			5753 RODMAN STREET				
			U\$			Date Incorporated or Qualified	3a, Date of Last Report
						12/28/1981 L FEI Number	03/31/1995 Applied For
2. Principal Place of Business 2a Mailing Address 21 32 NW 24th Ave., 26 32 NW 2				h Ave.,	1	59-2163143	Not Applicable
Suite, Apt. #, etc. Suite, A			Suite, Apt. #, etc.	a, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			b Ef	6	5. Election Campaign Financing	\$5.00 May Be	
Zip Zip		intry	28 Delray Be	Country		Trust Fund Contribution This corporation has liability for in	Added to Fees tangible tax under s. 199.032.
24 3344	5 25 P 6	lm Beach	29 3 3 4 4 5	30 USA		Florida Statutes	Yes X No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
SMITH, JOYCE 5753 RODMAN STR 62 Street Address (P.O. Box Number is Not Acceptable)							
HOLLYWOOD FL 33023						oselynn Way,	
Lake Worth, FL							
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	Signature, typed or printed	OFFICERS AND D	DIRECTORS	13.	e required with	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PD	_	XX DELETE	•	1	ENT-DIRECTOR	Change Addition
NAME STREET ADDRESS	SMITH, JOYC 11234 ROSE(1.2 NAME 1.3 STREET ADDRESS		UEL N. LOPEZ NW 24th Ave.,	
CITY-ST-ZIP	LAKE WORTH		00.516	1.4 CITY - ST - ZIP ~	Deli	ray Beach, FL 33	
TITLE !	VD Smith, Briai	1 1	₹ ₹ DELETE	2.1 TITLE 2.2 NAME	!	e President-Dire IA LOPEZ	ctotal Change [] Addition
STREET ADDRESS	221 SE 9TH		.*	2.3 STREET ADDRESS	32 1	NW 24th Ave.,	
CITY-ST-ZIP TITLE	HALLANDALE	FL	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	Deli	ray Beach, FL 33	4 4 5 Change Addition
NAME				3.2 NAME			
STREET ADDRESS		•	•	3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	 		Change Addition
NAME				4, 2 NAME		7000 -00/20/	01956027 9601028010
STREET ADDRESS City-St-Zip				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		*****37	5.00 ****375.00
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE			Change Addition
NAME CAREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				5.4 CITY-ST-ZIP	ļ		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME Street Address	ļu .			6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-7JP				6.4 CITY - ST - ZIP			0.07(0)(1) [5) (5)
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 turther certify that the information indicated on this annual report or suppliemental 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 Blows 12 or proof 13 if changes for on an attachment with an address.							
SIGNATURE: SKADATURE AND TYPED OBJERINTED NAME SIGNING OFFICER DANGE COOR Date Daystone Provide Daystone Pro							
SMADE URE AND TYPED OR FRINTED NAME SIGNING OFFISER OR OR OFFISER OR OFFIS OR OFFISER OR							