## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90047 018 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F78717

AROUND-THE-CLOCK PLUMBING, INC.

						ERI BIBLI ALBIK BIBLI 1981
Principal Plac	ce of Business	Mailing Address			F 1004100 1411 10001 13111 10031 11011 EBUI 01011 84013 011	0)1 01011 01011 01011 1081
1451 BANKS F		1451 BANKS RD.				
		MARGATE FL 33063				
	,				DO NOT WRITE IN THIS SPA	.CE
	•				3. Date Incorporated or Qualifed	
					05/04/1982	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
	1000 01 22011230	<del></del>			59-2188873	Not Applicable
Suite, Apt	# sto	Suite, Apt. #, etc.				,
	. #, etc.	<del> </del>				<b>8.75</b> Additional Fee Required
22		27			<del> </del>	
City & Sta	te .	City & State				55.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	intry	<ol> <li>This corporation owes the current year Intangib</li> </ol>	/
24	25	29	30	-	Personal Property Tax.	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agen	nt
				81 Name		
	FAGLIONE, DAN			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
්ි 145	1 BANKS RD.	*	ø	Street Addi	ress (P.O. Box Number is Not Acceptable)	
MAF	RGATE, FL 33063 33063			83		F: 27 Fab 4. 159
Đ <sub>4</sub>		•		[ ]	1. 特别是特别的特别的	
				84 City	<b>- 8</b> 5	Zip Code
in bridge	<u></u>				FL 1	
office or	registered agent, or both, in the State of	s and 607.1506, Florida State of Florida. Such change was	authorized	bove-named corporation	poration submits this statement for the purpose of chan ion's board of directors. I hereby accept the appointment	nt as registered
	am familiar with, and accept the obligat					
SIGNATURE				. س	e and the same of the same	<del></del>
OIGHATOILE	<ul> <li>Signature, typed or printed name of registered agent</li> </ul>		TE: Registered	Agent signature require		
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DI	
TITLE	I DOD					
	PSD	☐ DELETE	1.1 TII	TLE .		RECTORS IN 12 Change Addition
NAME	GIAFAGLIONE, DAN	☐ DELETE	1.1 TF 1.2 NA			
	GIAFAGLIONE, DAN	☐ DELETE	1.2 NA			
STREET ADDRESS	GIAFAGLIONE, DAN 1451 BANKS RD.	☐ DELETE	1.2 NA 1.3 ST	AME TREET ADDRESS		
STREET ADDRESS	GIAFAGLIONE, DAN		1.2 NA 1.3 ST 1.4 CF	TY-ST-ZIP		Change
STREET ADDRESS CITY-ST-ZIP TITLE	GIAFAGLIONE, DAN 1451 BANKS RD.	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TH	AME TREET ADDRESS TY-ST-ZIP TLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	GIAFAGLIONE, DAN 1451 BANKS RD. MARGATE, FL 00000		1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA	TREET ADDRESS TY-ST-ZIP TLE		Change
STREET ADDRESS CITY-ST-ZIP TITLE	GIAFAGLIONE, DAN 1451 BANKS RD. MARGATE, FL 00000		1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA	AME TREET ADDRESS TY-ST-ZIP TLE		Change
STREET ADDRESS CITY-ST-ZIP TITLE NAME	GIAFAGLIONE, DAN 1451 BANKS RD. MARGATE, FL 00000	☐ DELETE	1.2 N/ 1.3 ST 1.4 CF 2.1 TH 2.2 N/ 2.3 ST	TREET ADDRESS TY-ST-ZIP TLE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GIAFAGLIONE, DAN 1451 BANKS RD. MARGATE, FL 00000		1.2 N/ 1.3 ST 1.4 CF 2.1 TH 2.2 N/ 2.3 ST	ME REET ADDRESS TY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP		Change
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIAFAGLIONE, DAN 1451 BANKS RD. MARGATE, FL 00000	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C	AME RREET ADDRESS TY-ST-ZIP TLE AME RREET ADDRESS ITY-ST-ZIP TLE		Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIAFAGLIONE, DAN 1451 BANKS RD. MARGATE, FL 00000	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF	AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TREET ADDRESS		Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GIAFAGLIONE, DAN 1451 BANKS RD. MARGATE, FL 00000	☐ DELETE	1.2 N/- 1.3 ST 1.4 CF 2.1 TH 2.2 N/- 2.3 ST 2.4 CF 3.1 TH 3.2 N/- 3.3 ST 3.4 CF 4.1 TH 4.2 N/- 4.3 ST 4.4 CF 5.1 TH	MME  TREET ADDRESS  TY-ST-ZIP  TLE  MME  TREET ADDRESS  ITY-ST-ZIP  TLE  MME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  TREET ADDRESS  TY-ST-ZIP  TLE  TREET ADDRESS  TY-ST-ZIP  TLE		Change Addition  Change Addition  Change Addition
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1-13-99 Dat