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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90125 014 \*\*\*150.00

1. Corporation	MENT # <b>G16605</b> PLUMBING CORP	ı							
Principal Place	of Business	Mailing Address				II BIBİL <b>Bil</b>	II QIQII QIBII DI	)   Q( <b>)</b>      <b> 00</b>	
1550 SW 71ST COURT 1550 SW 71ST COURT									
MIAMI FL 33144 MIAMI FL 33144					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed	1 11115		——-η	
					12/17/1982		•		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Ann	lied For		
21		26		59-2453547			Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A	ditional		
22		27		5. Certifcate of Status Desired	<u> </u>	Fee Req	uired		
City & State		City & State		6. Election Campaign Financing	l	\$5.00 N			
<u> </u>		28		Trust Fund Contribution		Added to	Fees		
		Zip	Country					☑No	
24	9. Name and Address of Current		0		Personal Property Tax.  10. Name and Address of New Regis				
	5. Name and Address of Current	Kegistered Agent	81	I Name	To Italia dia riadios of the riagin				
ANTON, FELIX C				<u> </u>	(D.O. Doy Ni, who is Alex Accounts)				
	SW 71ST CT	,	82	Street Addr	ress (P.O. Box Number is Not Acceptable)				
MAIM	AI FL 33144		83	3					
			_	-			85 Zip C	ode -	
			84	1 1		FL	1 1		
agent, I ai	m familiar with, and accept the obligation of registered agent	t and title if applicable. (NOTE: Re	egistered Age	y the corporations.	coration submits this statement for the purpon's board of directors. I hereby accept the dwhen reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE			ĺ
12.		S AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICE	INS AINL	Change	Addition	. ž
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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.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99

305-266-3612

Daytime Phone #