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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G28759

(0)

FILED Mar 18 1998 8:00am Secretary of State

CAN-AI	M PLUMBING, INC.				
Principal Plac	e of Business	Mailing Address			BIDIN BIDIN DANK INGT
C/O TERRY G. HARDY 6785 SUNSET STRIP SUNRISE FL 33313		C/O TERRY G. HARDY 5700 S.W. 4TH COURT PLANTATION FL 33317-3525		DO NOT WRITE IN THIS SPACE	
US				Date Incorporated or Qualified 03/21/1983	
2. Principal P	Place of Business	26. Mailing Address 26. 3/36 FAW	N DRIVE	4. FEI Number 59-2267497	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			8.75 Additional Fee Regulred
City & Stat	ө	City & State 28 LOXAHATCH			5.00 May Be Added to Fees
Zip 24	Country 25	7 _(p)	Country 30 USA	This corporation owes or has paid the current Personal Property Tax due June 30.	
	9, Name and Address of Currer			10. Name and Address of New Registered Ager	nt
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Soctions 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was au ations of, Section 607,0505, Flor	84 City Lo	ress (P.O. Box Number is Not Acceptable) FAUN ORINE EXAMATCHEE poration submits this statement for the purpose of characteristic board of directors. I hereby accept the appointment of when reinstating) DATE	33470
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDY, TERRY G 5700 SW 4TH COURT PLANTATION, FL 00000	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	MICHEL, PIERRE J. 2138 FAWN DIVE		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	LOKATHCEE FL 33470		2.4 CITY-ST-ZIP		·
TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME	.a	Change
STREET ADDRESS			3.3 STREET ADDRESS		-
CITY-S1-ZIP		- Inc. eve	3.4. CITY-ST-ZIP		\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
TALE		☐ DELFTE	4.1 TITLE	LJŧ	Change

6.4 CITY-ST-ZIP 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

DELETE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

Change

Change

Addition