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Mar 24 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 # **G48570** (7)
1. Corporation Name
MASTER PLUMBING INC OF PALM BEACH COUNTY



Principal Place of Business Mailing Address
326 HIBISCUS STREET **326 HIBISCUS STREET**
JUPITER FL 33458 **JUPITER FL 33458-3524**

3. Date Incorporated or Qualified **07/14/1983** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2314393 Applied For Not Applicable	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAME, RICHARD
% MASTER PLUMBING, INC. OF P.B.C.
326 HIBISCUS STREET
JUPITER FL 33458

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BRAME, RICHARD	1.2 NAME	
STREET ADDRESS	1301 SUMMERWINDS LANE	1.3 STREET ADDRESS	
CITY- ST- ZIP	JUPITER FL	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	BRAME, DAVID	2.2 NAME	
STREET ADDRESS	4200 COMMUNITY DR. #1916	2.3 STREET ADDRESS	
CITY- ST- ZIP	W. PALM BEACH FL	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	BRAME, WAYNE	3.2 NAME	
STREET ADDRESS	1018 10TH LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	PALM BEACH FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: _____ DATE: 12-97 561-747-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)