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SIGNATURE:

Apr 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)G52862 ART PLUMBING, INC. Principal Place of Business Mailing Address 3848 N.W. 126TH AVE. 3848 N.W. 126TH AVE. CORAL SPGS FL 33065 CORAL SPGS FL 33065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1983 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2313044 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Yes 24 30 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name DATTILE, GREGG 2742 NW 81-AVE. Street Address (P.O. Box Number is Not Acceptable) COBAL SPRINGS FL 33065 83 Zip Code 33065 Spring 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. President D'Attile Grega SIGNATURE CR2E034 (10/97 OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 12 12. 13. ADDITIONS/CHANGES DELETE Change TITLE 1.1 TITLE DATTILE, GREGG NAME 1.2 NAME 11957 NW 53 COURT STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL CITY-S1-21P 1.4 CITY-ST-ZIP DELETE VDST Addition 2.1 TITLE TITLE DATTILE, T. M 22 NAME NAME 5234 NW 109 LANE 2.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TIFLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. I hereby certify that the information supplied with this filling 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

FLORIDA DEPARTMENT OF STATE

FILED

1/7/90

954-752-1282