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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



LLORIDA DEPARTMENT OF STATE

FILED

May 11 1998 8:00am

Secretary of State

(10/97)

CR2E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

G55443 MIAMI PLUMBING, INC. Principal Place of Business Mailing Address 10065 BISCAYNE BLVD 10055 BISCAYNE BLVD. MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1983 Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 65-0526179 26 Not Applicable Suite, Apt. #, otc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζφ 8. This corporation owes or has paid the current year Intangible Yos Yos 24 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DENTICO, JANE 10055 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI SHORES FL 33138 83 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NO*) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ TITLE Change Addition 11100 **DENTICO, JANE** NAME 12 NAME 10055 BISCAYNE BLVD. STREET ADDRESS 1.3 STREET ADDRESS MIAMI SHORES, FL 00000 CITY-ST-ZIP 1.4 C(TY-ST-7IP DELETE PD Change Addition TITLE 21 TITLE **DENTICO, MICHELLE** NAME 2.2 NAME 10055 BISCAYNE BLVD. STREET ADDRESS 2 3 STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP DELETE TITLE 4.1 TOTE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-7IP DELETE TITLE 61 THEF Addition NAME

Block 12 or Block 13 if changed, or

6.2 NAME

6.3 STREET ADDRESS

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 118.07.3(i). Florids 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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