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

DOCUMENT # 1. Corporation Name G55443

| MIAMI PL | UMBING, INC. | | | | | | | | |
|--------------------------------|---------------------------|----------------------------------|-------------------------|---|--|--|--|--|--|
| Principal Place | of Business | Mailing Address | | () Diffit) (Best still sitt statt state sitt sien sitt sien statt sien | | | | | |
| 10055 BISCAYNE MIAMI SHORES | | 10055 BISCAYNE MIAMI SHORES F | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | 3. Date Incorporated or Qualifed 08/19/1983 | | | | | |
| 2. Principal Pla | ice of Business | 2a. Mailing Addre | ess | 4. FEI Number 65-0526179 | | | | | |
| Suite, Apt. # | , etc. | Suite, Apt. #, | etc. | 5. Certificate of Status Desired | | | | | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution Ad | | | | | |
| Zip | Country 25 | Zip 29 | Country 30 | 8. This corporation owes the current year Intangible Personal Property Tax. | | | | | |
| | 9. Name and Address of Cu | rrent Registered Agent | | 10. Name and Address of New Registered Agent | | | | | |
| | ICO, JANE | | 81 Name 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | | | | | |

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90292 008 ***750.00



Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

Not Applicable \$8.75 Additional

| 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | 10055 BISCAYNE BLVD. | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
|--|----------------------|---|---------------------------------------|----------------|---|---|-------------------------|--------------------|---------------------|---------------------|
| 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 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 Signature, hybed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DST DENTICO, JANE STREET ADDRESS CITY-ST-ZIP MIAMI SHORES, FL 00000 DELETE 1.1 TITLE 1.2 NAME 1.2 NAME STREET ADDRESS CITY-ST-ZIP MIAMI SHORES, FL 00000 DELETE 2.1 TITLE DENTICO, MICHELLE STREET ADDRESS 10055 BISCAYNE BLVD. Additional SHORES FL Change Additional STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | MIAI | MI SHORES FL 33138 | 83 | | <u> </u> | | | | | |
| 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | 84 | City | | FL | 85 | Zip Co | ode |
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| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DST DELETE 1.1 TITLE Change Additions NAME DENTICO, JANE STREET ADDRESS 10055 BISCAYNE BLVD. CITY-ST-ZIP MIAMI SHORES, FL 00000 1.4 CITY-ST-ZIP TITLE PD DELETE 2.1 TITLE NAME DENTICO, MICHELLE STREET ADDRESS 10055 BISCAYNE BLVD. 22 NAME STREET ADDRESS 10055 BISCAYNE BLVD. 23 STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 2.4 CITY-ST-ZIP | SIGNATURE | Slongture, broad or printed name of registered agent and title if a | policable (NOTE: R | enistered Agen | t signature require | ed when reinstating) | DATE | | | |
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| CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 | YITY, ST. 7IP | • | | | | | | | | |

increase certify that the information supplied with this limit does not qualify for the exemption stated in Section 139.07(3)(i), Florida Statutes. In the 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: