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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # G73161 (3) ALPINE SOUTH PLUMBING CORPORATION					
Principal Place		Mailing Address 549 NO GOLDENROD ROAD		1 ASSING BOX (REBUT IND) (ASIA SHAD HIGH BIRIC BANK BANK BANK BANK BANK BANK	
S49 NO GOLDENROD ROAD STE 14		STE 14			
ORLANDO FL 32807		ORLANDO FL 32807		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		11/29/1983 4. FEI Number Applied For	
21		26		59-2362471 Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
22	_	27		5. Certificate of Status Desired Fee Required	
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	g. Name and Address of Current	29 30	DL	Personal Property Tax due June 30. Yes No	
200		vedistered vierir	81 Name	10, Italie and Address of New Hogistered Agent	
	AOLO, VICTORIA S			ICTORIA S. DIVADIO	
549 NO GOLDENROD ROAD STE 14			82 Street	Address (P.O. Box Number is Not Acceptable)	
	: 14 LANDO FL 32807		83	040 WAWII 31	
Oni	DANIDO FL 32007				
			84 City	VIEDO FL 85 ZID COOR	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named		
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 accept the obligations of Section 207.0505, Florida, Statutes.					
SIGNATURE	VITTONIO SI	1.7h	UTODIA	S. Ditaolo 5-8-98	
SIGNATIONE	Storature, typed or project natural in gestered agent	and third applicable (NOT) R	logistered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPVS	DELETE	1.1 TITLE	President Posts Te Change WAddition	
NAME	DIPAOLO, VICTORIA S			JOSEPH J. DIPAOLO JR	
STREET ADDRESS	549 N. GOLDENROD ROAD, #7		1.3 STREET ADDRESS	1850 WALSHST.	
C!TY-ST-ZIP TITLE	ORLANDO FL 32807	DELETE	1.4 CHY-ST-ZIP	ONEDO, 71 32765 V. PRES, TRESS. SEC Thange Addition	
NAME	DIPAOLO, VICTORIA S		21 TITLE 22 NAME	VILTORIA S. D. PAOlo	
STREET ADDRESS	549 N. GOLDENROD ROAD, #7	,	23 STREET ADDRESS	1850 WALSH ST	
CITY-ST-ZIP	ORLANDO FL 32807		2. 4 CITY - ST - ZIP	ONEDO 71 32765	
TITLE	V	DELETE	3.1 TITLE	Change Addition	
NAME	BUSS, BARBARA A		3.2 NAME	 · ·	
STREET ADDRESS	11055 EASTWOOD DR		3.3 STREET ADDRESS		
CITY-SY-ZIP	ORLANDO FL		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	V. PRES Change Addition	
NAME			4. 2 NAME	LINDA M. MORENCY	
STREET ADDRESS			4.3 STREET ADDRESS	11632 Judge AUL ORLANDO 71 32817	
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		DELETE	5.1 THTLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE1 ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	The change of the same of the	
TITLE		DEL E TE	6.1 TITLE	Change Addition	
NAME CTOCEY ADDRESS		į	62 NAME		

14. Thereby 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 or an attachment with an address.

6.4 CITY - ST - ZIP

May 19 1998 8:00am

Secretary of State