PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G88021 1. Corporation Name

LEENICK PLUMBING CORP.

Principal Place of Business Mailing Address 10942 N.W. 18TH DRIVE

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90045 033 ***150.00



20340 NE 3 COURT			040 4541 40 DDD/F			,			
N MIAMI BEACH FL 33179			942 NW 18 DRIVE			DO NOT WRITE IN THIS SPACE			
US			PLANTATION FL 33322						
		US	US .			3. Date Incorporated or Qualifed			
						03/01/1984		*	: ~
2. Principal Place of Business		2a	2a. Mailing Address			4. FEI Number	Appl	ied For	o.
		-	<u> </u>			59-2396440	Not.	Applicable	
21		26					8.75 Ad		
Suite, Apt. #, etc.		\vdash	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Req		
22		27					ree neg	uneu	
City & State		T	City & State			6. Election Campaign Financing	\$5.00 M	lay Be	
		28				Trust Fund Contribution	Added to	Fees	
Zip Country		20	Zip Country			8. This corporation owes the current year Intangil	ale .		1
Zip			, -r		,	—		∃No	ı
24 25		29				reisonal Froperty Tax.			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Age	11		ľ
				8	1 Name				1
LUCENTI, CAROLEE						11 (D.O. Day Number is Not Assentable)			
10942 N.W. 18TH DRIVE			82 Street Ad		2 Street Add	ddress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33322					_	2			
PLANIATION I	L 33322			8	3		掛網達	的医期間	i
				ļ.	4 00	*** *** *** *** *** *** *** *** *** **	5 Zip Co	nde	i
	•			8	4 City	· FI °		,ue	l
Service of the servic			<u> </u>		_l	the state of the state of the purpose of char	_l_	egistered :	
11. Pursuant to the provi	sions of Sections 607.0502	and 6	607.1508, Florida Statutes,	, the abo	ve-named col	proporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointment	nt as regi	stered	l
office or registered at	gent, or both, in the State of with, and accept the obligation	יוטוו	f Section 607.0505. Florid	a Statute	es.	Allored Board of Chicago, March 1997			ł
	Mai, and accept the congest		.,			•			1
SIGNATURE		4 414	MOTE D	agistarad Ac	ent eignatura racul	uired when reinstating) DATE		 ,	1 =
	d or printed name of registered agent		· · · · · · · · · · · · · · · · · · ·	13.	Jent signature requi	ADDITIONS/CHANGES TO OFFICERS AND D	RECTOR	S IN 12	ğ
12.	. OFFICERS AND	DIK					Change	Addition	1
TITLE P			☐ DELETE	1.1 TITLE	·		Onlongo	·	`
NAME LUCENT	I, NICHOLAS			1.2 NAM	E				9
	.W. 18TH DRIVE			1.3 STRE	ET ADDRESS		, .		6
D1 44 FF 4			•				• •		1 8
CITY-ST-ZIP PLANTA	IIUN FL		- DELETE	1.4 CITY		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	٦.
TITLE SECT	·		☐ DELETE	2.1 TITLE	·		. 0	,—:	
NAME LUCENT	1, CAROLEE			2.2 NAM	E				
	.W. 18TH DRIVE		· -	2.3 STRI	ET ADDRESS				
				i		,			
CITY-ST-ZIP PLANIA	TION FL		O OCI CITE		'-ST-ZIP		Change	Addition	۱.
TITLE 1 1 1 2 2 1 1 1 2	27.		☐ DELETE	3.1 TITLI	• •	, a			1
NAME	Maria Maria			3.2 NAM	E į			•	
STREET ADORESS				3.3 STRI	EET ADDRESS	and the second of the second o		0. 84-166	
POS 137)	()					· · · · · · · · · · · · · · · · · · ·	4 1 5		
CITY-ST-ZIP			C) Severe	_	-ST-ZIP		Change	Addition	1
TITLE			☐ DELETE	4,1 TITL	=	5 - S - S - S - S - S - S - S - S - S -			
NAME				4. 2 NAM	Œ ļ	4			١.
[A C 3]	A contract of the contract of			4.3 STR	EET ADDRESS				
STREET ADDRESS						•			
CITY-ST-ZIP			D DELETE		-ST-ZIP		Change	Addition	1
TITLE	. *		☐ DELETE	5.1 TITL	I .		~		
NAME				5.2 NAM	E				1
	•			5.3 STR	EET ADDRESS				:
STREET ADDRESS					-ST-ZIP	. 6			1
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		[] actor	6.1 TITL		· · · · · · · · · · · · · · · · · · ·	Change	Addition	1 .
) IIILE	TO THE STATE OF STATE OF		☐ DELETE	1		,	Grango	, joinson	
	rh. 124 Sept.			6.2 NAM	E	•			1
[[31 ziv.] s :	1175			6.3 STR	EET ADDRESS	,			1
STREET ADDRESS				BA CITS	ST-7IP				1
1 8 4.27 1.45									

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 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 opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplementation of the opporation or the replaced 12 or Block 13 if changed, or on an a

SIGNATURE