FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name H07902 (0)PLUMBING REPAIRS, INC. Principal Place of Business Mailing Address 1830 SW 6TH AVENUE 1830 SW 6TH AVENUE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/14/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 <u>59-2419170</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27

City & State

Zip

28

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Country

2501 E. COMMERICAL BLVD., STE. 210

9. Name and Address of Current Registered Agent

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KIMBER, BRIAN L., ESQUIRE

FORT LAUDERDALE FL 33308

City Zip Code 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.

Country

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.3 TITLE ___ Addition TITLE KUEHN, THOMAS W. 1.2 NAME NAME 1830 SW 6TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY - ST - ZIP 1.4 CITY-ST-7IP Change DELETE TITLE STD 2.1 TITLE Addition KUEHN, NORA B. 2.2 NAME 1830 SW 6TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL CITY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 6,1 TITLE Change ___ Addition TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP 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 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.

SIGNATURE:

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Zip

City & State

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

8. This corporation owes or has paid the current year Intangible

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

\$5.00 May Be

Added to Fees

🔀 Yes