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**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



H26002

Secretary of State DIVISION OF CORPORATIONS

## Apr 08, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

04-08-1999 90017 029 \*\*\*150.00

DUTCHN	AN PLUMBING, INC.								
Principal Place	e of Business	Mailing Address				1 1001011 0310 11019 03111 08131 00111	. ::B: ###11 <b>#</b>	1911 <b>0(0)</b>   8	
5615 FORREST	ST	5615 FORREST ST							
		HOLLYWOOD FL 33021				DO NOT MIDITE	IN TURC	CDACE	
						DO NOT WRITE  3. Date Incorporated or Qualifed	IN ITIS	SPACE	
	•					10/17/1984			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For	
21		26			59-2455274			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired Secured Fee Required			
22		27							
City & State	e · · · · ·	City & State				6. Election Campaign Financing		•	00 May Be ed to Fees
23	Country	Zip	Cou	untry	<del></del>	Trust Fund Contribution	t voor Inte		ed to rees
Zip	Country	` -	30	aria y		<ol><li>This corporation owes the currer Personal Property Tax.</li></ol>	ıt year illik	Yes	□No
24	9. Name and Address of Current	<del></del>	30	Τ		10. Name and Address of New Re	gistered a		
	5. Name and Address of Current	registered Agent		81	Name		•		
SWA	ACKHAMMER, LINDA								
5615	FORREST ST			82	Street Ad	dress (P.O. Box Number is Not Acceptable	ie)		
HOL	LYWOOD FL 33021			83					
	·			$\Box$				·	
	•			84	City		FL	85 2	Zip Code
11. Pursuant i	to the provisions of Sections 607.0502	? and 607.1508, Florida Statute	s, the a	ibove-i	named co	rporation submits this statement for the pi	urpose or	cnanging	its registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State om familiar with, and accept the obligati	of Florida. Such change was au ions of, Section 607.0505, Flori	ithorized ida Stat	d by th tutes.	ne corpora	ition's board of directors. I nereby accept			
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation of the obligation of the state of the obligation of the state of	of Florida, Such change was autions of, Section 607.0505, Florical and title if applicable. (NOTE:	ithorized ida Stat Registered	d by th tutes.	ne corpora	ition's board of directors. I neeeby accept	DATE	•	
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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, with all other like empowered.

Micolikanine Linon SWACK hammer