


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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H52660 (8)  
1. Corporation Name  
PROFESSIONAL PIPING SERVICES, INC.

Principal Place of Business 2415 DESTINY WAY SUITE 2 ODESSA FL 33556 US	Mailing Address P.O. BOX 1494 LAND-O-LAKES FL 34639
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 30043 State Rd 54 W Suite, Apt. #, etc. 22 City & State 23 Wesley Chapel, FL 24 Zip 33544 25 Country USA	2a. Mailing Address 26 PO Box 7337 Suite, Apt. #, etc. 27 City & State 28 Zephyrhills, FL 29 Zip 33543 30 Country USA	3. Date Incorporated or Qualified 04/17/1985 4. FEI Number 59-2523188 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

CIMBORA, ROGER M.  
5260 EAGLE BLVD.  
LAND-O-LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and his if applicable

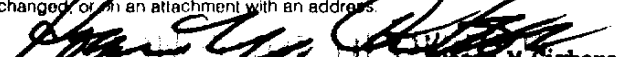
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIMBORA, ROGER M.	1.2 NAME	
STREET ADDRESS	5260 EAGLE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAND-O-LAKES FL	1.4 CITY-ST-ZIP	
TITLE	CVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIMBORA, ROGER M.	2.2 NAME	
STREET ADDRESS	5260 EAGLE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAND-O-LAKES FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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 in an attachment with an address.

SIGNATURE:

  
Roger M. Cimbora

4-28-98

(813) 994-0032

CR2E034 (10/97)