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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H60127

HYPOLUXO PLUMBING, INC.

(8)

Principal Place of Business

Mailing Address

123 EAST COAST AVE

FILED

MAY 15 PM 3: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA



LANTANA FL 33462		LANTANA FL 33462-5317				
US		US			3. Date Incorporated or Qualified 06/04/1985	3a. Date of Last Report 04/23/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-2527815	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	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 has liability for it	, , —
24	25	29	30		Florida Statutes 10. Name and Address of New Reg	Yes No
	9. Name and Address of Curre	ent Registered Agent	81	Name	IU. Name and Address of New Rep	Jistered Agent
	ICAN, EUGENE	· ·	0.			
	EAST COAST AVE		82 Street Ad		dress (P.O. Box Number is Not Acceptable) 5000021846550	
LAN	TANA FL 33462		83	· · · · · · · · · · · · · · · · · · ·		701036001
			03			
			84	City	ज्यात्वरकारकाः <u>मृत्या</u>	1 .00 **** \$50.00
44 5	607 01	On and CO2 14 00. Florida Ctatu	loo the show	nomad car	poration submits this statement for the p	urgose of changing its registered
office or r	egistered agent, or both, in the Statem familiar with, and accept the obli	to of Florida. Such change was	authorized by	the corporal	tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	igent and tille if applicable. (NO	II. Rogislered Age	int signature requi	reo when reinstating)	DATE
12.	OF LICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1,1191.€			Change Addition
NAME	BURKHALTER, RONNIE		1,2 NAME			
STREET ADDRESS	123 EAST COAST AVE.		1;3 STR[{]	ADDRESS		
CITY-ST-ZIP	LANTANA FL		1 ₁ 4 CiTY- 9	5T - 71P		
TITLE	STD	☐ DELETE	2 1 1/ILE			Change Addition
NAME	DUNCAN, EUGENE		2 _i 2 NAME			
STREET ADDRESS	123 EAST COAST AVE.		2,3 STREET	ADDRESS		+
CITY-ST-ZIP	LANTANA FL		2, 4 GITY-	ST-7IP		
TITLE	V	DELETE	3,1 11TtE			Change Addition
NAME	DUNCAN, EUGENE		3,2 NAME	}		
STREET ADDRESS	123 EAST COAST AVE.		3,3 S1RFE1			
CITY-ST-ZIP	LANTANA FL		3,4. CITY -	S1-ZIP		Channe Addition
TITLE		☐ DELFTE	4,111116			Change Addition
NAME .			4, 2 NAM č			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP		PLUTE	4,4 CITY - S	ST-ZIP		Change Addition
TITLE		☐ DELETE	5,1 TITLE			Change
NAME			5,2 NAME			
STREET ADDRESS			5/3 STREET	1	,	
CITY-ST-ZIP		DELETE	5/4 CITY- S	S1-ZIP		Change Addition
TITLE		FTT DETERE	6,1111LF			The August The Modition
NAME			6,2 NAME	T ADDDUCC	NIΛ	~
STREET ADDRESS				T ADDRESS	<i>, '</i> ₩5'	5-111-47
CITY-ST-ZIP		End with this 4 three does not our	64 CITY-S		d in Section 119 07(3\/i) Florida Statuto	s. I further certify that the

r do mereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. 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 logal effect as if made under eath, 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.