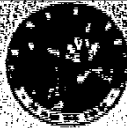


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Matham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # J42538 (5)

1. Corporation Name
HOME PLUMBING, INC.

Principal Place of Business Mailing Address
1499 SW 30 AVE #12 BOYNTON BEACH FL 33426

95 MAR 30 AM 9:27

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/18/1986** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-2740668** Applied For Not Applicable

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1027 N. FLORIDA MANOR RD** 26 **1027 N. FLORIDA MANOR RD**
Suite Apt #, etc. #1 Suite Apt #, etc. #1
22 **#1** 27 **#1**
City & State **WEST PALM BEACH, FL** City & State **WEST PALM BEACH, FL**
23 **WEST PALM BEACH, FL** 28 **WEST PALM BEACH, FL**
Zip **33409** Country **FLORIDA** Zip **33409** Country **FLORIDA**
24 **33409** 25 **FLORIDA** 29 **33409** 30 **FLORIDA**

9. Name and Address of Current Registered Agent
**FURR, ROBERT C.
1499 WEST PALMETTO PARK ROAD
SUITE 412
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 _____ DATE _____
Signature of Agent for registered agent, partner, officer or director. (If not applicable, delete.) Signature of Agent for registered agent, partner, officer or director. (If not applicable, delete.)

12. OFFICERS AND DIRECTORS

1. TITLE	DP
2. NAME	BIRDSALL, KENNETH JAMES
3. STREET ADDRESS	1499 S.W. 30TH AVE., #12
4. CITY, ST, ZIP	BOYNTON BEACH FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 partner or trustee responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or additions listed with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR