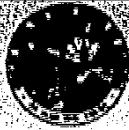


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sarah D. Moorman
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

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 AVENUE RD** 26 **1027 N. FLORIDA AVENUE 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

Signature of Agent for principal place of business of corporation

Signature of Agent for principal place of business of corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BIRDSALL, KENNETH JAMES
STREET ADDRESS	1499 S.W. 30TH AVE., #12
CITY, ST, ZIP	BOYNTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
18 STREET ADDRESS	
19 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 of changes or additions shown with an asterisk.

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