## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # J4250 PLUMBING, INC.	38 (5)			TH NAME BETARE DEGIN ACTER ANDRE ANDRE ANDRE NAME
Principal Place of Business  1027 N FLORIDA MANGO RD STE 1 WEST PALM BEACH FL 33409		Mailing Address 1027 N FLORIDA MAN STE 1 WEST PALM BEACH F	- · · · -		
US		US		3. Date Incorporated or Qualified 11/18/1986	3a. Date of Last Report 03/30/1995
Principal Place of Business     The Principal Place of Business		2a. Mailing Address	2a. Mailing Address		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
Oity & State		Oty & State	City & State		\$5.00 May Be
Zip	Country	Zip	Country	Trust Furid Contribution  8. This corporation has liability for	Added to Fees
24	25	29	30		No
	9. Name and Address of Curr	ent Registered Agent	81 Name 7	10. Name and Address of New I	Registered Agent
1499 WI SUITE 4 BOCA R	ATON FL 33432	02 and 607.1508, Florida Statute rida Sych change was authorize	82 Street Addi /227 83 SU 84 City ES7	ress (P.O. Box Number is Not Accepted for the pure of directors. I hereby accept the approximation submits this statement for the pure of directors. I hereby accept the approximation submits the statement for the pure of directors. I hereby accept the approximation is the statement for the pure of directors.	FL 85 3945
SIGNATURE _	Shiffature, typed or printed name of registered again	ev -	(SEN BIBD) E Registered Aginst signature require	SALL PRESINEN	Z
TITLE	DP OFFICENS A	DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change Addition
NAME STREET ADDRESS CITY-SI-ZIP	BIRDSALL, KENNETH JAME 1499 S.W. 30TH AVE., #12 BOYNTON BEACH FL	:\$	1.2 NAME 1.3 STREET ADDRESS		Charge ( Namuul
TITLE	DOTATION DESCRIPE	☐ DELETE	2 1 THE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		_	2.2 NAME 2.3 STREET ADDRESS		_ outside
TITLE NAME STREET ADDRESS		☐ DELETE	2 4 CITY - ST - ZIP  3 1 TITLE  3 2 NAME  3 3 STREFT ADDRESS		☐ Change ☐ Addition
CHY-ST-ZIP TITLE NAME		DELETE	3 4 CHY - ST - ZIP 4 1 TITLE 4 2 NAME	1 No.	Change Addition
STREET ADDRESS CITY+ST+ZiP TITLE		☐ DELFIE	4.3 STREET ADDRESS 4.4 City-S1-Zip 5.1 Title		Change C Addition
NAME STREET ADDRESS CITY+ST-ZIP		_ 5	5 2 NAME 5 3 STREET ADDRESS 5 4 City - S1 - Zip		Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS		Change Addition
CITY - ST - ZIP			6.4 CHTY - ST - ZIP		
14. I do hereby certify that t	certify that the information supplied the information indicated on this and	with this filing is voluntarily furnishoal report or supplemental annu-	hed and does not qualify for	or the exemption stated in Section 119. te and that my signature shall have the	07(3)(k), Florida Statutes, I further

oath, that I am an officer or director of the corporation or the receiver or true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an addition. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR