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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	JMENT # J4932 DELL PLUMBING SUPPLY,					 			
Principal Prace of Business Mailing Add			ddress						
% JOHN BRO 19686 U.S. H TEQUESTA F	BGHWAY #1	% JOHN BROEDELL 19686 U.S. HIGHWAY ∲1 TEQUESTA FL 33469-2346							
						3. Date Incorporated or Qualified 01/01/1987		e of Last R 1/1996	eport
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	-l. <u></u> , <u>f</u>	Āŗ	plied For	
21		26				59-2743259		No	t Applicable
Suite, Ap	et #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & St. 23	ate	City & State	- - -			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zip	7	Country	·		· 		
24	25	29 30				This corporation has liability for intangible tax under s. 199.032, Florida Statutes No No			
	9. Name and Address of Cur		[00]	7		10. Name and Address of New Reg		·	
-					e-named co the corpo	orporation submits this statement for the pration's board of directors. I hereby accep	FL urpose of the appo		Code s registered registered
12.		AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
THEF	DP	DELETE	DELETE 1,1 1					Change	Addition
NAME	BROEDELL, JOHN		12 N						
STREET ADDRESS	(1	.3 STREE1	ADDRESS				
CHY-S1-ZiF	TEQUESTA FL		1	4 CITY - 9	ST-ZIP				
THEF	\ S	DELETE	2	1 TITLE			l	_] Change	Addition
NAME	MEARS, J.M.		2.2 N						
STREET ADDRESS	1 100 00 0 111111 0 11		2.3 51		ADDRESS				
CHY-ST-ZIP	TEQUESTA FL			2 4 City-ST-ZIP					
TITLE	V	DELETE		3.1 TITLE			l	Change	Addition
NAME	FAMILO, ANNE		1	3.2 NAME					
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		- 1		ADDRESS				
CITY - ST - ZIP	LONGWOOD FL	T DELETE		4. CITY-	SY-ZIP			1 Character	F 4236 .
TILLE		L VILLEIE	- 1	LI TITLE	1		'	Change	Addition Addition
NAME				. 2 NAME	1				
STHEET ADDRESS	\$ 		I 4	3 STREET	ADDRESS				

CHY-ST-ZIE 6.4 CITY-ST-ZIP 14. I do 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 13 if chapter 607 on a parachment with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-20

C(Ty - \$1 - 7)P

SUBSET ADORESS

T!11,E

NAME STREET ADDRESS

HILE

NAME

TEQUIRED

DELETE

DELETE

FILED

May 07 1997 8:00am

Secretary of State

Change

Change

Addition

Addition