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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K04527

DEMAIO'S PLUMBING, INC.

7							
Principal Place of Business		Mailing Address			(INDIGHT BIT BUILDING BITS	ii (AA) Alain atati mibii arast a	1616 A1011 1061
2098 NE 4TH CT BOCA RATON FL 33431 US		2098 NE 4TH CT BOCA RATON FL 33431 US		DO NOT WRIT	E IN THIS SPACE		
					3: Date Incorporated or Qualifed 12/02/1987		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	 	plied For
21		26	<u>.</u>		65-0015986		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
22		City & State		a Flectice Committee Figureing	\$5.00		
City & State		28		Election Campaign Financing Trust Fund Contribution	Added t		
Zip	Country	Zip	Country		8. This corporation owes the curre	···	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Cur		1341		10. Name and Address of New Re	egistered Agent	_
			81	Name			
DEM	AIO, JOSEPH W.		82	Street Add	dress (P.O. Box Number is Not Acceptal	hle)	<u></u>
2098	NE 4TH CT		02	Street Add	فيد البرارة عارضها أعجرا براحين وقوم	ari ikan dibe aksi kin ini sildis	* \$1, 8.5111891
BOCA RATON FL 33431			83				Say fill
			84	City			Code
office or r	egistered agent or both in the Sta	0502 and 607.1508, Florida Statut ate of Florida. Such change was a ligations of, Section 607.0505, Flo	ilithonzed by	the corpora	rporation submits this statement for the partition's board of directors. I hereby accept	ourpose of changing its t the appointment as re	registered gistered
office or r	egistered agent, or both, in the St m familiar with, and accept the ob Signature, typed or printed name of registered	ate of Florida. Such change was a ligations of, Section 607.0505, Floring agent and title if applicable. (NOTE	nuthorized by orida Statutes E: Registered Ager	the corpora	ition's board of directors. I nereby accept	DATE	
office or n agent. I a SIGNATURE	egistered agent, or both, in the St m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS	ate of Flonda. Such change was a ligations of, Section 607.0505, Flo agent and title if applicable. (NOTE AND DIRECTORS	euthorized by brida Statutes Registered Ager 13.	the corpora	tion's board of directors. I hereby accept	DATE FICERS AND DIRECTO	DRS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90049 045 ***150.00