FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name K07797 (9)ALOHA PLUMBING, INC. Principal Place of Business Mailing Address C/O ROBERT J. NOTHNAGLE, JR C/O ROBERT J. NOTHNAGLE, JR. 218 SE ETH AVE 218 SE 6TH AVE DO NOT WRITE IN THIS SPACE **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 3. Date incorporated or Qualified 12/17/1987 4. FEI Number Applied For 65-0021656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name NOTHNAGLE JR., ROBERT J. 218 SE 6TH AVE 82 Street Add **BOYNTON BEACH FL 33435** 83 84 11. Pursuant to the provisions of Sections 607.0502 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. J agent and title if applicable Registered Agent signature required when reinstaling OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 TITLE TITLE NOTHNAGLE JR., ROBERT J. 1.2 NAME NAME **4016 ALOE PATH** STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

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STREET ADDRESS

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14. I 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

3-24-98 (54)7

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP