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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State
DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90192 048 \*\*\*158.75

DOCL	<b>JMENT</b>	# k	<b>′</b> 17′	707
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1. Corporation Name

1. Corporatio						
aloha	PLUMBING, INC.					
					<b>6</b>    <b> </b>     <b>6</b>      <b>6</b>	
Principal Plac	ce of Business	Mailing Address		1 1881411 811 8811 1881 1881 1881		
1420 NEPTUNE	E-DR	1420 NEPTUNE OR				
S <del>uite 3</del>				DO NOT INDITE IN X	UC OBACE	
BOYNTON BEA	ACH FL-83426	BOYNTON BEACH FL 33426		DO NOT WRITE IN T	IIS SPACE	
₩5				3. Date incorporated or Qualifed 12/17/1987		
O Deinnin ol C	Place of Business	2a. Mailing Address		12/1//1907 4. FEI Number	T Ann	olied For
	NE 19 <sup>th</sup> AVE			65-0021656	<b>!</b>	Applicable
		Suite, Apt. #, etc.		05 (02 1000	\$8.75	
Suite, Apt.	. #, etc.	SUITE, Apr. 4, etc.	AS	5. Certificate of Status Desired	Fee Rec	
City & Stat	te .	City & State		6. Election Campaign Financing	\$5.00	May Bo
	OAND BEACH 7/A	28		Trust Fund Contribution	Added o	
Zip	Country USA	Zip	Country	8. This corporation owes the current year	Intangible	
330	63 25 BROWARD	<u></u>	30	Personal Property Tax.		<b>₩</b> o
·	9. Name and Address of Current	. 1-1-1 — — — — — — — — — — — — — — — — —		10. Name and Address of New Register	ed Agent	
			81 Name	100 4000		
MOI	<del>rris, greg</del> ory		82 Street A.d	WREACE /SSAACS Idress (P.O. Byx Number is Not Acceptable)	<i>0N</i>	
142	<u>o neptune dr suite,</u> 3		43			
B <del>0</del> 4	<del>/NTON BEACH FL 334</del> 26		83			
			84 City	agno Bench F	L 85 Zip 3	2064
11. Pursi ant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta ute	s, the above-named of	progration submits this statement for the purpose	of changing its	registered
office or i	registered agent, or both, in the State	of Florida, Such change was au	thorized by the corpora	proportion submits this statement for the purpose ation's board of directors. I hereby accept the appropriate	pointment as reg	istefed
		alons of, Section 607.0505, From	ua Statutes.	/_	2.95	
SIGNATURE	Signature, inped or printed rame of registered agen	at and title if applicable. (NCTE: I	Registered Agent signature requ	uired when reinstatin () DATE	2.99	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
TITLE	P	DELETÉ	1.1 TITLE	DIR	Change	Addition
NAME	M <del>orris, Grego</del> ry		1.2 NAME	LARRY ISAACSOM		
STREET ADDITESS	1420 NEPTUNE DR SUITE 3		1.3 STREET ADDRESS	4230 N.W. 19th AVE		
CITY-ST-ZIP	BOYNTON BEACH FL-99426		1.4 CITY-ST-ZIP	LARRY ISAACSON 4330 N.W. 19th AVE Pompano Beach, H	33064	
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADD RESS	3		2.3 STREET ADDRESS			
CITY-ST-ZIP						
TITLE			2. 4 CITY-ST-ZIP		_	
11414C	-	☐ DELETE				Addition
NAME		☐ DELETE	2. 4 CITY-ST-ZIP		☐ Change	Addition
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STREET ADD RESS		☐ DELETE	2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME		Change	Addition
		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS		☐ Change	Addition
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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 truetee empowered to execute this report as required by Charter 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.

SIGNATURE:

MULALL SABLY SIGNIFICATION OF SIGNING OFFICER OR DIRECT

Date Dayting Phone #