

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

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

04-27-1999 90192 048 ***158.75

0333919

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **K07797**

1. Corporation Name
ALOHA PLUMBING, INC.



Principal Place of Business 1420 NEPTUNE DR SUITE 3 BOYNTON BEACH FL 33426 US	Mailing Address 1420 NEPTUNE DR SUITE 3 BOYNTON BEACH FL 33426 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **4330 NE 19TH AVE**
Suite, Apt. #, etc.

22
City & State
23 **Pompano Beach FL**

Zip Country
24 **33063** 25 **BROWARD**

9. Name and Address of Current Registered Agent
**MORRIS, GREGORY
1420 NEPTUNE DR SUITE 3
BOYNTON BEACH FL 33426**

11. Pursuant to the provisions of Sections 607.05(2) 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.

SIGNATURE *Gregory Morris*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-22-99**

12. OFFICERS AND DIRECTORS
TITLE **P** ☒ DELETE

NAME **MORRIS, GREGORY**
STREET ADDRESS **1420 NEPTUNE DR SUITE 3**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **DIR** ☐ Change ☒ Addition

1.2 NAME **LARRY ISAACSON**
1.3 STREET ADDRESS **4330 N.W. 19TH AVE**
1.4 CITY-ST-ZIP **POMPAHO BEACH, FL 33064**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE *Gregory Morris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/27/99** DAYTIME PHONE # **954 970-0381**

CR2E034 (1/98)