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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
PAID

95 MAY -1 AM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # K58948 (6)

1. Corporate Name
K R PLUMBING INC.

Principal Place of Business	Mailing Address
% RONALD A. THOMAS 631 S.W. 50TH TERRACE MARGATE FL 33068	% RONALD A. THOMAS 631 S.W. 50TH TERRACE MARGATE FL 33068

3. Date Incorporated or Qualified: 01/18/1989	3a. Date of Last Report: 03/17/1994
4. FEI Number: 65-0094223	Applied For / Not Applicable
5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	X Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMAS, RONALD A. 631 S.W. 50TH TERRACE MARGATE FL 33068	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	THOMAS, RONALD A.
STREET ADDRESS	631 SW 50 TERRACE
CITY-ST-ZIP	MARGATE FL
TITLE	VP
NAME	ORD, KIMBERLY J.
STREET ADDRESS	631 SW 50 TERRACE
CITY-ST-ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP	[ ] Change	[ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	[ ] Change	[ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	[ ] Change	[ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	[ ] Change	[ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	[ ] Change	[ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	[ ] Change	[ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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: Kimberly J. V.P. 4-27-95 305-978-9210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0111466 CP