

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K95377 (3)

1. Corporation Name
WEST BOCA SPRINKLER SERVICE, INC.



Principal Place of Business % KEVIN M. McDERMOTT 10742 LAPLACIDA DR. STE B-4 CORAL SPRINGS FL 33065	Mailing Address % KEVIN M. McDERMOTT 10742 LAPLACIDA DR. STE B-4 CORAL SPRINGS FL 33065
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7014 NW 40th Street Suite, Apt. #, etc. 22 City & State 23 Coral Springs FL Zip 24 33065 Country 25 USA	2a. Mailing Address 26 7014 NW 40th Street Suite, Apt. #, etc. 27 City & State 28 Coral Springs FL Zip 29 33065 Country 30 USA
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3. Date Incorporated or Qualified 06/14/1989	4. FEI Number 65-0124746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

McDERMOTT, KEVIN M.
10742 LAPLACIDA DR
SUITE B-4
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name McDermott, Kevin M.	82 Street Address (P.O. Box Number is Not Acceptable) 7014 NW 40th Street	83
84 City Coral Springs	85 Zip Code FL 33065	

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: *Kevin M. McDermott* **KEVIN M. McDERMOTT (PRESIDENT)** DATE: **4-30-98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McDERMOTT, KEVIN M. 10742 LAPLACIDA DR #B-4 CORAL SPRINGS FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McDERMOTT, JEAN F. 10742 LAPLACIDA DR #B-4 CORAL SPRINGS FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D McDermott, Kevin M. 7014 NW 40th Street Coral Springs FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	McDermott, Jean F. 7014 NW 40th Street Coral Springs FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kevin M. McDermott* DATE: **4-30-98** (954) 752-1915

CR2E034 (10/97)