

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL 13 PM 2:49

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**300001540513
-07/13/95--01102--002
***225.00 ***225.00**

DO NOT WRITE IN THIS SPACE.

DOCUMENT # K98306 (9)
1. Corporation Name
BEST PLUMBING COMPANY, INC.

Principal Place of Business Mailing Address
**14853 NE 20TH AVE 14853 NE 20TH AVE
N. MIAMI FL 33181 N. MIAMI FL 33181**

3. Date Incorporated or Qualified **06/26/1989** 3a. Date of Last Report **06/06/1994**
4. FEI Number **65-0143945** 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 Yes No

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

9. Name and Address of Current Registered Agent
**PELEG, RUBIN
18011 BISCAYNE BOULEVARD
NORTH MIAMI BEACH FL 33160**

10. Name and Address of Now Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE **PVS RUBIN PELEG**
NAME **PELEG, RUBIN**
STREET ADDRESS **14853 N. E. 20 AVE.**
CITY - ST - ZIP **N. MIAMI, FL 33181**
~~14897 NE 18TH AVE
N. MIAMI FL~~
944 - 4047

TITLE **TD RUBIN PELEG**
NAME **PELEG, RUBIN**
STREET ADDRESS **14853 N. E. 20 AVE.**
CITY - ST - ZIP **N. MIAMI, FL 33181**
~~14897 NE 18TH AVE
N. MIAMI FL~~
944 - 4047

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Peleg* **7/6/95** **3001944 4047**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)