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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L85102

(6)

MICHAEL A. WARD PLUMBING, INC.

| Principal Place of Business | Mailing Address |
|--|---|
| 12064 62 LANE. NORTH W. PALM BEACH FL 33412 US | P.O. BOX 1132. N/A LOXAHATCHEE FL 33470-1132 US |

FILED Mar 18 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | 1 (4 25 19 11 20 1 10 10 1 EXCPT 110 11 PR 11 1 1 1 1 | n 4 1911 4 1911 4 | ·411 (#1811 | 419II 4 | 1011101 | | |
|---|---|-----------------------|------------------------------|-------------------------------------|----------------------|---|--|--|------------------------------------|---------|---------|---------------------|
| 12064 62 LANE W. PALM BEAC | | | P.O. BOX 1 LOXAHATO US | 1132. N/A HEE FL 3 3470-1 | 132 | | | | | | | |
| U\$ US | | | | | | | | 3. Date incorporated or Qualified 07/02/1990 | 3a. Date of Last Report 04/18/1996 | | | |
| 2. Principal P | lace of Business | | 2a. Mailing | Address | | | | 4. FEI Number | | | | olied For |
| 21 | | | 26 | | | | | 65-0206771 | | | | Applicable |
| Sulte, Apt. | | | 27 | Apt. #, etc. | | | | 5. Certificate of Status Desired | | | | dditional quired |
| City & State | e | | } ₁ | ity & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Zip | | ountry | 28 Zip | | Coun | frv | | Trust Fund Contribution 8. This corporation has liability to | | | | |
| 24 | 25 | , | 29 | | 30 | , | | Florida Statutes | Yes [| | ioi s. | 188.002, |
| = | | ddress of Curr | ent Registered A | | | | | 10. Name and Address of New R | egistered. | Agent | | |
| WAI | RD, MICHAEL A | | | | 1 | 31 | Name | | | | | |
| | 64 <mark>62ND LANE, I</mark> Palm Beach Fl | | | | Ī | 32 | Street Addr | ess (P.O. Box Number is Not Accepta | ble) | | | |
| 70.1 | FALMI DEAOTI LE | . 00712 | | | 1 | 33 | | Andreas and a second to 1999 Market 1 to 1999 Property 1981 | | | | |
| \$ \$2.7 | | | | | ī | 34 | City | | FL | 85 | Zip C | ode |
| 11. Pursuant | to the provisions of | Sections 607.0 | 502 and 607.1508 | , Florida Statut | es, the abo | LL. DVC | -named corp | poration submits this statement for the | nuroono o | chang | ing its | registered |
| agent. I a | registered agent, o am f <mark>a</mark> miliar with, and | d accept the obl | igations of, Sectio | n 607.0505, Flo | orida Statu | tes | the corporat | ion's board of directors. I hereby aco | арстіс арр | omme | ii as i | egistered |
| SIGNATURE | Signature, typed or printe | ad name of constructs | noord and title if anoly at | de (NOI) | F - Flooristoned | Λοοι | or signature requir | ed when reinslating) | DATE | | | |
| 12. | Signature, typest of prante | | ND DIRECTORS | (140-1) | 13. | | | ADDITIONS/CHANGES TO OFF | | DIREC | TORS | IN 12 |
| TITLE | D | | | DELETE | 1.1 101 | F | | | | Cha | nge | Addition |
| NAME | WARD, MICHA | | | | 1.2 NAN | ΛĒ | | | | | | |
| STREET ADDRESS | 12064 62 LAN | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | W PALM BEAC | in FL | | DELETE | 1.4 C(1) 2.1 T(1) | | I - ZIP | | | Cha | nde. | Addition |
| TITLE NAME | WARD, JUDITH | 4 | | , otter | 2.1 MIL | | | | | One | i igo | L. J Modilion |
| STREET ADDRESS | 12064 62 LAN | | | | | | ADDRESS | - | | | | |
| CITY-ST-ZIP | W PALM BEAC | | | | 2.4 011 | | | | | | | |
| TITLE | | | | DELETE | 3.1 1(1) | F | | | | Cha | nge | Addition |
| NAME | | | | | 3.2 NAN | AE. | | | | | | |
| STREET ADDRESS | 1 | | | | 3.3 STR | EE1. | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | T1 60.455 | 3.4. C(1 | | 1-2IP | | | · | | TT 255" |
| TITLE | | | | DELETE | 4.1 1/11 | | | | | L Cha | nge | |
| NAME | | | | | 4. 2 NA | | 1500000 | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | 4.4 CITY 5.1 TITL | | 1-20" | | | Cha | inge | Addition |
| NAME | | | | | 5.2 NAM | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 5.4 CIT | | | | | | | |
| TITLE | | | . | DELETE | 6.1 1111 | | | | | ☐ Cha | nge | Addition |
| NAME | | | | | 6.2 NAN | ΛE | | | | | | |
| STREET ADDRESS | | | | | ŀ | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 6.4 CIT | | | | | | | |
| | | | | | | | | | | | | |

14. I do 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 ennual 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.