PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **L90446**

1, Corporation Name

MASEK PLUMBING, INC.

^-	e of Business	Mailing Address			, , , , , , , , , , , , , , , , , , ,	
116 SE 3RD ST	FREET	1380 S.W. 20TH STREET				
SUITE B		BOCA RATON FL 33486	BOCA RATON FL 33486		DO NOT WRITE IN THIS SPACE	
DEERFIELD FL 33434 US					3. Date Incorporated or Qualifed	
03					07/27/1990	- {
2 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
	lace of positiess	26			65-0212845 Not Applica	$\overline{}$
Suite, Apt.	# etc	Suite, Apt. #, etc.			S8.75 Additional	_
22 Suite, Apr.	m, 616.	27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23	-	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curre				10. Name and Address of New Registered Agent	
				81 Name		
MASEK, KENNETH J. 1380 S.W. 20TH ST.					Street Address (P.O. Box Number is Not Acceptable)	
				82 Street A	ess (1.6. Dox Humbs, 10 Hot / Gospinsor)	
BOC	A RATON FL 33486			83		
				84 City	85 Zip Code	
				84 City	FL S Z S S S S S S S S	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	ites, the a	ove-named c	orporation submits this statement for the purpose of changing its registered	ed
office or t	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida, Such change was	authorized	by the coroor	ration's board of directors. I hereby accept the appointment as registered	
		audits di, Staturi dor 1000, 10	onda Otati		7/5/9	1
SIGNATURE	Signature, typed or printer hame of registered as	pent and title if applicable. (NOT	E: Registered	Agent signature rec	quired when reinstating) DATE	1
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
πLE	PD OFFICERS A	ND DIRECTORS	13.	LE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
ΠΠLE	PD MASEK, KENNETH J.		1.1 TI			
TITLE NAME	PD MASEK, KENNETH J.		1.1 TII 1.2 N/ 1.3 ST	ME	☐ Change ☐ Adi	dition
TITLE NAME STREET ADDRESS	PD MASEK, KENNETH J. 1380 S.W. 20TH ST.		1.1 TII 1.2 N/ 1.3 ST	ME REET ADDRESS TY-ST-ZIP		dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASEK, KENNETH J. 1380 S.W. 20TH ST.	☐ DELETE	1.1 TII 1.2 N/ 1.3 ST 1.4 CI	ME REET ADDRESS \ IY-ST-ZIP	☐ Change ☐ Adi	dition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MASEK, KENNETH J. 1380 S.W. 20TH ST.	☐ DELETE	1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	ME REET ADDRESS Y-ST-ZIP LE	☐ Change ☐ Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MASEK, KENNETH J. 1380 S.W. 20TH ST.	☐ DELETE	1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	☐ Change ☐ Adi	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASEK, KENNETH J. 1380 S.W. 20TH ST.	☐ DELETE	1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	☐ Change ☐ Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MASEK, KENNETH J. 1380 S.W. 20TH ST.	☐ DELETE	1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	☐ Change ☐ Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MASEK, KENNETH J. 1380 S.W. 20TH ST.	☐ DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME	☐ Change ☐ Add	dition dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MASEK, KENNETH J. 1380 S.W. 20TH ST.	☐ DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	☐ Change ☐ Add	dition dition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	PD MASEK, KENNETH J. 1380 S.W. 20TH ST.	☐ DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 .C 4.1 TT 4.2 NV 4.2	ME REET ADDRESS Y-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP	☐ Change ☐ Add	dition dition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASEK, KENNETH J. 1380 S.W. 20TH ST.	DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 .C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 4.4	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MC REET ADDRESS Y-ST-ZIP LE MC REET ADDRESS Y-ST-ZIP LE	Change Add	dition dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MASEK, KENNETH J. 1380 S.W. 20TH ST. BOCA RATON FL	DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 .C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MC REET ADDRESS Y-ST-ZIP LE MC REET ADDRESS Y-ST-ZIP LE	Change Add	dition dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PD MASEK, KENNETH J. 1380 S.W. 20TH ST. BOCA RATON FL	DELETE	1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 Π 2.2 N 2.3 SI 2.4 C 3.1 Π 3.2 N 3.3 SI 3.4 . C 4.1 Π 4.2 N 4.3 SI 4.4 CI 5.1 Π 5.2 N 5.3 SI	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AWE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	Change Add	dition dition
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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 otherwise empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90098 008 ***150.00