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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	M02691
L. Corporation Name	

. Corporation	MENT# MO26 PLUMBING, INC.	591 (<i>7</i>)			E INDIANI IN DENA MAND AND A	(8) 1500 BOOK BOOK BOOK BOOK BOOK BOOK BOOK BO		
rincipal Place of Business Mailing Address * FREDRICK T. BROWN * FREDRICK T. BR								
		6405 CONGRESS AVE BOCA RATON FL 334	05 CONGRESS AVENUE #130 DCA RATON FL 33487		Date Incorporated or Qualified			
					07/13/1984	02/02/1995		
Principal P	Nace of Business	2a. Mailing Address			4. FEI Number	Applie	ed For	
		26			59-2434542	Not A	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 Add Fee Requi		
City & Stat	te:	City & State	ity & State		6. Election Campaign Financing \$5.00 M. Trust Fund Contribution Added to			
 Ζφ	Country	28 Zip	Country		8. This corporation has liability to	or intangible tax under s. 199.		
	25	29	[29]			Fiorida Statutes Yes No		
	9. Name and Address of Cu	rrent Registered Agent	81	Name	10. Name and Address of New	Registered Agent		
			1		/			
	I, FREDRICK T.		82	Street Addr	ess (P.O. Box Number is Not Accept	ius Cir #70	R	
	.W. 24TH STREET		63	2001	m Komop III	143 (114, 10		
SUNRIS	SE FL 33222							
			84	City)	18	FL 85 Zip Coo	^ж Су,	
NATURE 	1 1 1	AND DIRECTORS	NOTe: Registered Agents 13.	Skyr aforu recycleso		DATE OFFICERS AND DIRECTORS IT A Change	V 12 Addition	
	DP	[]] DELETE	1 1 7/10 F			7	Addition	
i Li komunica	BROWN, FREDRICK T. 8630 NW 24TH STREET		1.2 NAME 1.3 STHEET A	innered 3	001 W, ROLLISO H	ius cik, #1708		
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14. Ld is hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 cath; 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 Black 12 or Black 12 changed, or on an attachment with an address.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date