

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Moorman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M08217 (5)
 1. Corporation Name
L & S PLUMBING SERVICE, INC.

Principal Place of Business 6427 N.W. 201ST TERRACE MIAMI FL 33015	Mailing Address 6427 N.W. 201ST TERRACE MIAMI FL 33015
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 29 Zip 30 Country
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JAN 25 PM 4:35

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/26/1984	3a. Date of Last Report 03/23/1994
4. FEI Number 59-2494217	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 has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DELGADO, RICARDO
 10235 S.W. 8 TERR.
 MIAMI FL 33174**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 _____ (Signature, typed or printed name of registered agent and title of applicant) (SOLE Registered Agent signature required when necessary) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELLY, LOUIS, JR. 1760 N.W. 152ND STREET MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KELLY, SARAH 1760 N.W. 152ND STREET MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CURTIS, LINDA R. 1760 N.W. 152ND STREET MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 in person. 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: Louis Kelley Jr 1-20-95
(Signature and typed or printed name of signing officer or director)