

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M08217** (5)

1. Corporation Name
L & S PLUMBING SERVICE, INC.



Principal Place of Business Mailing Address
6427 N.W. 201ST TERRACE MIAMI FL 33015

3. Date Incorporated or Qualified **11/26/1984** 3a. Date of Last Report **01/26/1995**
4. FEI Number **59-2494217** 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 28. Zip Country 29. Zip Country
24. 25. 30.

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

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. 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 types or prints name and title of the signer. Date: Register Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KELLY, LOUIS, JR. 1760 N.W. 152ND STREET MIAMI FL	<input type="checkbox"/> DELETE	1. 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD KELLY, SARAH 1760 N.W. 152ND STREET MIAMI FL	<input type="checkbox"/> DELETE	2. 2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STD CURTIS, LINDA R. 1760 N.W. 152ND STREET MIAMI FL	<input type="checkbox"/> DELETE	3. 3. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			4. 4. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5. 5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6. 6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			7. 7. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			8. 8. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	9. 9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10. 10. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			11. 11. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			12. 12. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 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.

SIGNATURE: *Louis Kelly Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)