SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (4)DOCUMENT # M52338 J.D.M. PLUMBING, INC. Mailing Address Principal Place of Business 10400 SW 49 PL. % JOSEPH MINIK COOPER CITY FL 33328 5870 STIRLING ROAD HOLLYWOOD FL 33021-1527 US 3a. Date of Last Report 3. Date incorporated or Qualified 05/19/1987 07/10/1995 Applied for 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2813137 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Flection Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under sil 199.032 Country Zip  $Z_{i}p$ Country Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MINIK, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 82 5870 STIRLING ROAD HOLLYWOOD FL 83 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agely signature required when reinstating) Sugnature: Typical or per recitions, of registered agent and their applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TIFLE TITLE E034 1.2 NAME MINIK, JOSEPH NAME 1.3 STREET ADDRESS 10400 SW 49TH PL STREET ADDRESS **COOPER CITY FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Adoition L J DELFTE 2 1 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 ! TIFLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETÉ 51 THLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

64 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 119 07(3)(k), Florida Statutes I turther 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 617, Florida Statutes, and that my name appears in Block 13 if chapter of an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

7/17/94 954-981-1496

Change Additio i