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03-10-1999 90184 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M87688**

1. Corporation Name
BROMBACH PLUMBING SERVICE, INC.

Principal Place of Business	Mailing Address
C/O ROBERT W. BROMBACH 8050 SW 92 AVENUE MIAMI FL 33173	C/O ROBERT W. BROMBACH 8050 SW 92 AVENUE MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/24/1988

2. Principal Place of Business (21)	12525 79 Street
Suite, Apt. #, etc. (22)	
City & State (23)	Fellsmere FL
Zip (24) / Country (25)	32948 / USA
2a. Mailing Address (26)	12525 79 St
Suite, Apt. #, etc. (27)	
City & State (28)	Fellsmere FL
Zip (29) / Country (30)	32948 / USA

4. FEI Number: 65-0053841 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

BROMBACH, ROBERT W.
8050 SW 92 AVE
MIAMI FL 33173

10. **Name and Address of New Registered Agent**

(81) Name: Karen Disney Brombach
(82) Street Address (P.O. Box Number is Not Acceptable): 12525 79 Street
(83)
(84) City: Fellsmere FL (85) Zip Code: 32948

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: Karen Disney Brombach — Karen Disney Brombach Pres — DATE: 3/2/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D/V/T	☒ Change ☐ Addition
NAME	BROMBACH, ROBERT W.		1.2 NAME		
STREET ADDRESS	8050 SW 92 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE	D/P/S	☒ Change ☐ Addition
NAME	BROMBACH, KAREN DISNEY		2.2 NAME		
STREET ADDRESS	8050 SW 92 AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 other like empowered.

SIGNATURE: Karen Disney Brombach — Robert Wayne Brombach — 3/2/99 — (561)571-8234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #