

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000003764 (6)

1. Corporation Name

PLUMBERS LOCAL UNION 519 LABOR-MANAGEMENT COMMITTEE, INC.



Principal Place of Business

Mailing Address

14105 N.W. 58TH COURT
MIAMI LAKES FL 33014

14105 N.W. 58TH COURT
MIAMI LAKES FL 33014-3118

3. Date Incorporated or Qualified
08/08/1995

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

21 Suite, Apt. #, etc

28 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDSTROM, JOHN A
14105 N.W. 58TH COURT
MIAMI LAKES FL 33014

81 Name Phil Trucks Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 14105 N.W. 58th Court
83 Miami Lakes, FL 33014
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TT	<input checked="" type="checkbox"/> DELETE
NAME	LINDSTROM, JOHN A	
STREET ADDRESS	14105 N.W. 58TH COURT	
CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	TRUCKS, PHIL E JR	
STREET ADDRESS	14105 N.W. 58TH COURT	
CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHOECK, HAROLD R	
STREET ADDRESS	14105 N.W. 58TH COURT	
CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LINDSTROM, RICHARD A	
STREET ADDRESS	14105 N.W. 58TH COURT	
CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	OTT, JOHN	
STREET ADDRESS	14105 N.W. 58TH COURT	
CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ORR, DOUGLAS	
STREET ADDRESS	301 FLAGLER STREET	
CITY - ST - ZIP	MIAMI SPRINGS FL 33166	

1.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffrey Penniston	
1.3 STREET ADDRESS	14105 N.W. 58th Court	
1.4 CITY - ST - ZIP	Miami Lakes, FL 33014	
2.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Steven Frischholz	
2.3 STREET ADDRESS	14105 N.W. 58th Court	
2.4 CITY - ST - ZIP	Miami Lakes, FL 33014	
3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Raymond Viens	
3.3 STREET ADDRESS	14105 N.W. 58th Court	
3.4 CITY - ST - ZIP	Miami Lakes, FL 33014	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bonnie Bloom	
4.3 STREET ADDRESS	14105 N.W. 58th Court	
4.4 CITY - ST - ZIP	Miami Lakes, FL 33014	
5.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard Smith	
5.3 STREET ADDRESS	14105 N.W. 58th Court	
5.4 CITY - ST - ZIP	Miami Lakes, FL 33014	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700002179717	
6.3 STREET ADDRESS	-05/15/97--01046--003	
6.4 CITY - ST - ZIP	***61.25	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 305/362-0519

Date

Daytime Phone # 0023196

CP2E037 (9/96)