## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000002033

1. Corporation Name

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90031 036 \*\*\*150.00

	OD PLUMBING, INC.								
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Principal Place	e of Business	Mailing Address			ļ				
4444 BIRDWOOD STREET 4444 BIRDWOOD STREET									
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33				K341U		DO NOT W	RITE IN THIS	SPACE	
				,	F	3. Date Incorporated or Qualife			
					-	10/30/1992			į
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0363977		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	5. Certifcate of Status Desired		\$8.75	
22	e de la company	27 - 250, 300				5, Certificate of Otalda Desired	. <u>.</u>	- Fee Re	quired.
City & Stat	e	City & State			1	6. Election Campaign Financing	<b>3</b> □	\$5.00	· .
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Count	гy	l	8. This corporation owes the cu	irrent year Inte	angible Yes	□No
24	25	<del></del>	30			Personal Property Tax.  10. Name and Address of New	Panietarad		
	9. Name and Address of Current	t Kegistered Agent		1 Name		IV. Haine and Address of Hen	riogistores .		
SZU	KICS, LESLIE L								
4444 BIRDWOOD STREET			[8	2 Street A	Address	s (P.O. Box Number is Not Accep	otable) .		
PALI	M BEACH GARDENS FL 33410		1	3					
			L				<b>_</b>	71 2	<u></u>
	•		{	4 City			FL	85 Zip 0	Lode
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the abo	ve-named o	corpora	tion submits this statement for th		changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	ithorized t ida Statut	y the corpo	oration's	s board of directors. I hereby acc	ept the appoir	ntment as re	gistered
ayent. ra	in landia with, and accept the congar	(10113-01, 0004011-001.00001-101.	+						
							4-9.	-09	1
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered A	gent signature re	w beniupe		4-9. DATE	99	
SIGNATURE	OFFICERS AN	D DIRECTORS	13.	gent signature re	lw beniupe	nen reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AN		
	OFFICERS AN			gent signature re	w beniupe		DATE DEFICERS AN	<b>99</b> D DIRECTO  ☐ Change	PRS IN 12
12,	OFFICERS AND D SZUKICS, LESLIE L	D DIRECTORS	13. 1.1 TITU 1.2 NAM	gent signature re	hw beniupe		DATE DEFICERS AN		
12.	D SZUKICS, LESLIE L 4444 BIRDWOOD STREET	D DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI	ent signature re	w beniupe		DATE DEFICERS AN		
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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: \_

TURE AND TOPED OPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR