


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

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Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90124 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000006255**

1. Corporation Name  
**PERSONALIZED PLUMBING, INC.**



Principal Place of Business <b>5729 SETON DR. MARGATE FL 33063</b>	Mailing Address <b>5729 SETON DR. MARGATE FL 33063</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>16143 84th Ct. No.</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>16143 84th Ct No</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>01/22/1993</b>	
23 <b>Loxahatchee, FL</b> City & State Zip <b>33470</b> Country <b>USA</b>		28 <b>Loxahatchee, FL</b> City & State Zip <b>33470</b> Country <b>USA</b>		4. FEI Number <b>65-0385202</b> Applied For Not Applicable	
29 <b>33470</b>		30 <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
31 <b>Loxahatchee, FL</b>		32 <b>Loxahatchee, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
33 <b>Loxahatchee, FL</b>		34 <b>Loxahatchee, FL</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BURRELL, WILLIAM J  
5729 SETON DR.  
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name	<b>Burrell, William J.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>16143 84th Ct No.</b>
83	
84 City	<b>Loxahatchee</b>
85 Zip Code	<b>FL 33470</b>

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURRELL, WILLIAM J</b>	1.2 NAME	
STREET ADDRESS	<b>5729 SETON DR.</b>	1.3 STREET ADDRESS	<b>16143 84th Ct. No.</b>
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	1.4 CITY-ST-ZIP	<b>Loxahatchee, FL 33470</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **X** *William J. Burrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-16-99** **561-791-2773**  
Date Daytime Phone #

CR2E034 (11/98)