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PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F 1. Corporation Name SOOS PLUMBING, INC. P93000011162 (3)

FILED Feb 26 1998 8:00am Secretary of State

Principal Place of Business			Mailing Address					130011001 (UB 10/4		RAF BUID I DI DU A 18		
8511 N.W. 23RD ST. PEMBROKE PINES FL 33024			8511 N.W. 23RD ST.									
PEMBRUKE PINES FL 33024			PEMBROKE PINES FL 33024				DO NOT WRITE IN THIS SPACE					
								3. Date Incorporate	ed or Qualified			
			,					02/12/1993				
	lace of Business		2a. Mailing A	ddress				4. FEI Number				plied For
Suite, Apt.	# plc		Suite, Ap	l # oto				65-039398	 4			t Applicable
22	w, etc.		27	i. #, 6ic.				Certificate of Sta	itus Desired		Fee Re	Additional coulred
City & Stat	e		City & Sta	ate				6. Election Campai	ign Financing	•	\$5.00	· · · · · · · · · · · · · · · · · · ·
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Zip	<u> </u>	untry	Zφ		Cou	ntry		8. This corporation				
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90	OOS, DONALD	dress of Current A	ehisteten våe	···		81	Name	IU, Name and Addi	ISS OF NEW INS	Sistered W&	Brit	
	11 N.W. 23RD ST				L							
	MBROKE PINES					82	Street Add	dress (P.O. Box Number	is Not Acceptab	ole)		
						83					 -	
					ŀ	64	City				85 Zip (Code
.,					- 1		•					
11. Pursuant office or r	to the provisions of a registered agent, or	Sections 607.0502 at both, in the State of I	nd 607 1508, F Florida: Such c	lorida Statut hange was	tes, the ab authorized	ove-r	named cor he corpora	rporation submits this sta ation's board of directors	tement for the p	ourpose of chot the appoin	nanging its	s registered registered
agent. La	ım familiar with, and	accept the obligation	ris of, Section 6	SOZ ŘSOS. EL					•	• •		-
•				307.0300, 11	orida Stati	utes.						
SIGNATURE											···	······································
		name of registered agent ar	nd title (f applicable)					uired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed	name of registered agent ar OFFICERS AND D	nd title (f applicable)		IE Rogistered	l Agent				DATE ERS AND D		
SIGNATURE	Signature, byted or printed V SOOS, SHAR	name of registered agreed at OF FICERS AND D	nd title (f applicable)	(NOI	TE Rogistered	l Agent		uired when reinstating)		DATE ERS AND D	IRECTOR	IS IN 12
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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 supplienental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.