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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000013603 (4)

1. Corporation Name

STEVE'S PLUMBING SERVICE INC.



Principal Place of Business

3440 N.E. 13TH AVENUE
POMPANO BEACH FL 33064

Mailing Address

3440 N.E. 13TH AVENUE
POMPANO BEACH FL 33064

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KORELISHN, DEBRA
3440 N.E. 13TH AVE.
POMPANO BEACH FL 33064

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person changing the office or agent

Signature of the person changing the office or agent

Date

12. OFFICERS AND DIRECTORS

TITLE

P

[] DEL. FILE

NAME

KORELISHN, STEPHEN J

STREET ADDRESS

3440 NE 13 AVE

CITY-STATE-ZIP

POMPANO BCH FL

TITLE

T

[] DEL. FILE

NAME

KORELISHN, DEBRA

STREET ADDRESS

3440 NE 13 AVE

CITY-STATE-ZIP

POMPANO BCH FL

TITLE

V

[] DEL. FILE

NAME

KORELISHN, CRYSTAL

STREET ADDRESS

3440 NE 13 AVE

CITY-STATE-ZIP

POMPANO BCH FL

TITLE

D

[] DEL. FILE

NAME

KORELISHN, STEPHEN JR

STREET ADDRESS

3440 NE 13 AVE

CITY-STATE-ZIP

POMPANO BCH FL

TITLE

[] DEL. FILE

NAME

TITLE

[] DEL. FILE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, trustee, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an affidavit of non-filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/6/96

954-785-7678

CR2E034 (12/95)