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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000013603 (4)

1. Corporation Name

STEVE'S PLUMBING SERVICE INC.

Principal Place of Business

Mailing Address

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

3440 N.E. 13TH AVENUE
POMPANO BEACH FL 33064-6219



2. Principal Place of Business

2a. Mailing Address

21 3855 NE 12 AVE

26 3855 NE 12 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
POMPANO Bch, FL

27
City & State
POMPANO Bch FL

23
Zip Country
33064 USA

28
Zip Country
33064 USA

3. Date Incorporated or Qualified

02/15/1993

3a. Date of Last Report

04/09/1996

4. FEI Number

65-0391050

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.1508, 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	KORELISHN, STEPHEN J	
STREET ADDRESS	3440 NE 13 AVE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KORELISHN, DEBRA	
STREET ADDRESS	3440 NE 13 AVE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KORELISHN, CRYSTAL	
STREET ADDRESS	3440 NE 13 AVE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KORELISHN, STEPHEN JR	
STREET ADDRESS	3440 NE 13 AVE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE:

Debra Korelishn Debra Korelishn

4/30/97 934-765-7678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)