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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047366 (8)

AHEAD PLUMBING, INC.

いれたには他の教徒というがあります。これの重要教育を考えるとは、までは、までは、これの情報は影響に発達している。

一十月月間 " 開機機器 一日二

The second secon

FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						iare lagad tithe attic delt 1835
1800 NORTH 47TH AVENUE 1800 NORTH 47TH AVENUE			ARIE			
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 06/29/1993	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0421938	Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			S. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	T		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	c∞	ntry	8. This corporation owes or has paid the cu	
24	9. Name and Address of Current	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
		uadistalan Maliit		81 Name	10. Raine and Address of New Registered	Agent
JOHNSON, MICHAEL G 1800 NORTH 47TH AVENUE			ļ	Tyunio		
	OU NORTH 4/TH AVENUE DLLYWOOD FL 33021				dress (P.O. Box Number is Not Acceptable)	
nc	JLL1WOOD FL 33021			B3		
				~		
			ĺ	84 City	FI	85 Zip Code
dd D	to the excellent of Services 607 5700	and 607 1509 Florida Ct. 1	100 155		prporation submits this statement for the purpose of	s spanning the section of
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the oblight	f Florida. Such change was ons of, Section 607.0505, Fl	authorized lorida Stat	by the corpor utes.	ration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO)	TF : Danielored	Anent eigneture reg	quired when reinstating) DATE	
12.	OFFICERS AND		13.	Applic signatore red	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	DELETE	1.1 111	TLE		☐ Change ☐ Addition
NAME	JOHNSON, MICHAEL G		1.2 NA	ME		-
STREET ADDRESS	1800 NORTH 47TH AVENUE		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021			IY-ST-ZIP		
TITLE	ST	DELETE	2.1 111			☐ Change ☐ Addition
NAME I	JOHNSON, KATHLEEN A		2.2 NA	1		
STREET ADDRESS	1800 NORTH 47TH AVENUE		23 ST	REET ADORESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 D	TY-ST-ZIP		
TITLE		DELETE	3.1 111			☐ Change ☐ Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			- 1	TY-ST-ZIP		
TITLE		DELETE	4.1 10			☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 01	IY-ST-ZIP		
TITLE		DELETE	5.1 TIT			☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP			1	IY-ST-ZIP		
TITLE		DELETE	6.1 T/T			☐ Change ☐ Addition
NAME			6.2 NA			- —
STREET ADDRESS				REET ADDRESS		
				Y-ST-ZIP		
CITY-ST-ZIP			■ 0.4 CH	11-21-21		

14. Thereby 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: