FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000077780 (3)**

1. Corporate Name
CARUSO PLUMBING INC.

Principal Place of Business
1629 JOHNSON ST
HOLLYWOOD FL 33020

Mailing Address
1629 JOHNSON ST
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/10/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **5625-A JOHNSON ST.**
22 Suite, Apt. #, etc.:
23 City & State: **HOLLYWOOD, FL**
24 Zip: **33021**
25 Country: **BROWARD**

2a. Mailing Address
26 **5625-A JOHNSON ST.**
27 Suite, Apt. #, etc.:
28 City & State: **HOLLYWOOD, FL**
29 Zip: **33021**
30 Country: **BROWARD**

4. FEI Number: **65-0453899** ☐ 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

CARUSO, RONALD
1629 JOHNSON ST
HOLLYWOOD FL 33020

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 (Required when reinstating) (If changing Registered Agent, Registered Agent's signature required below) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
40 TITLE	PD	40 TITLE	☐ Change ☐ Addition
41 NAME	CARUSO, RONALD	41 NAME	
42 STREET ADDRESS	1629 JOHNSON ST	42 STREET ADDRESS	
43 CITY-ST-ZIP	HOLLYWOOD FL 33020	43 CITY-ST-ZIP	
44 TITLE		44 TITLE	☐ Change ☐ Addition
45 NAME		45 NAME	
46 STREET ADDRESS		46 STREET ADDRESS	
47 CITY-ST-ZIP		47 CITY-ST-ZIP	
48 TITLE		48 TITLE	☐ Change ☐ Addition
49 NAME		49 NAME	
50 STREET ADDRESS		50 STREET ADDRESS	
51 CITY-ST-ZIP		51 CITY-ST-ZIP	
52 TITLE		52 TITLE	☐ Change ☐ Addition
53 NAME		53 NAME	
54 STREET ADDRESS		54 STREET ADDRESS	
55 CITY-ST-ZIP		55 CITY-ST-ZIP	
56 TITLE		56 TITLE	☐ Change ☐ Addition
57 NAME		57 NAME	
58 STREET ADDRESS		58 STREET ADDRESS	
59 CITY-ST-ZIP		59 CITY-ST-ZIP	
60 TITLE		60 TITLE	☐ Change ☐ Addition
61 NAME		61 NAME	
62 STREET ADDRESS		62 STREET ADDRESS	
63 CITY-ST-ZIP		63 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is accurate. For profit corporations only: I further certify 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 above, or on an attachment with an address.

SIGNATURE: M. Caruso President 4/25/95 305-963-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000396 CP