FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUN 1. Corporation	MENT # P930(0077780 (3	9)			
CARU	SO PLUMBING INC.) (a 1)/ 3	e ill 12 00 10 00 1 0 00 1 0	8 (8 1888) (89)(88)(484)
Principal Place of Business		Mailing Address				
5625-A JOHNSON ST. HOLLYWOOD FL 33021 US		5625-A JOHNSON ST. HOLLYWOOD FL 33021				
		US			T	
				 Date Incorporated or Qualified 11/10/1993 	3a. Date of La 05/0	1/1995
2. Principal Place of Business		2a. Mailing Address		4. FLI Number		Applied For
21		26		65-0453899		Not Applicable
Suite, Apt. #	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing		5.00 May Be
23		28		Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability fo		fer s 199.032,
24 .	25	29	30		s [4 70	
	9. Name and Address of Currer	nt Hegistered Agent	81 Name	10. Name and Address of New	Registered Agen	<u> </u>
					2-1-3	
	OHNSON ST		82 Street Add	gress (P.O. Box Number is Not Acceptable)		
	WOOD FL 33020		62	TE - A		
			RA Con		85	T Zin Code
			HOL	LYW00D	FL	33051
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named corpo	ration submits this statement for the prior of directors. Thereby accept the ac	urpose of changing	gits registered office tered agent. Lam
familiar witi	h, and accept the obligations. Sect		3 - + - ·	and of directors. Thereby accept the ap	. / (-	<u>.</u>
SIGNATURE _	1011-5		P CANSO E Registered Adent sonature result)/es	4/29/74	5
12.		tacilite faproside (NC) ID DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	ECTORS IN 12
TITLE	PD	DELETE	1 1 THLE		I Ch	
NAME	CARUSO, RONALD		1 2 NAME	CONALD CARUSO 645 JOHNSON ST		A
STREET ADDRESS	1629 JOHNSON ST		1 3 STHEET ADDRESS	645 VOUMSON ST	SUITE	т
CITY-ST-ZIP	HOLLYWOOD FL 33020			tullywood, FL.	33071	
1ITLE		☐ DELETE	2 1 T!fLF		☐ Cn	ange 🗀 Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-S1-ZiP T:TLE		DELETE	24 CHY-ST ZIP 3 1 TITLE		Ch	ange Addition
NAME		L-J	3.2 NAME		_	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3 4 CITY - S7 - ZIP			
THILE		DELETE	4 1 TITLE		Ch	ange 🔲 Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP		☐ DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Ch	ange Addition
TITLE NAME		L') pritri	5.2 NAME		L. 011	2.42 Not 1011
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY - SI - ZIP			
TITLE		☐ DELETE	6 1 TIFLE		Cn	ange Addition
NAME			6.2 NAME			
STREET ADDIRESS			6.3 STREET ADDRESS			
C:TY - ST - ZIP			6 4 CITY - ST - ZIP	Control of the contro	0.02000 5	Otat das 15
certify that	the information indicated on this abu	iual report or supplemental anni	al recort is true and accur	for the exemption stated in Section 11 ate and that my signature shall have the	re same legal effec	t as if made under
oath; that appears in	Lam an officer or director of the corp Block 12 or Block 13 if changed, or	oration or the receiver or trustee on an attachment with an addr	e empowered to execute these.	nis report as required by Chapter 607,	Horida Statutes; a	nd that my name

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/28/96 954-963-1700