

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
(AND
FILED)

SC MAY -1 1995:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021743 (7)

1. Corporation Name

PLUMBER WORLD ENTERPRISES, INC.

Principal Place of Business

1600 CYPRESS DRIVE
JUPITER FL 33469

Mailing Address

1600 CYPRESS DRIVE
JUPITER FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/22/1994

3a. Date of Last Report

4. FEINumber
65-0049765-7

Applied For

Not Applicable

5. Certificate of Status Desired **\$6.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees

7. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

LODRICK, ROBERT J
1600 CYPRESS DRIVE
JUPITER FL 33469

10. Name and Address of New Registered Agent

01	Name
02	Street Address (P.O. Box Number is Not Acceptable)
03	
04	City FL Zip 33469

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER NAME STREET ADDRESS CITY ST ZIP	D LODRICK, ROBERT J 1600 CYPRESS DRIVE JUPITER FL 33469	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER NAME STREET ADDRESS CITY ST ZIP		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER NAME STREET ADDRESS CITY ST ZIP		3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER NAME STREET ADDRESS CITY ST ZIP		4. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER NAME STREET ADDRESS CITY ST ZIP		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER NAME STREET ADDRESS CITY ST ZIP		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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OFFICER NAME STREET ADDRESS CITY ST ZIP		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER NAME STREET ADDRESS CITY ST ZIP		12. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this document 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 is true and the 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 that I receive or have been empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 on the front cover of this document or on an attachment with an address.

SIGNATURE: 
MATERIAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Robert J. Lodrick**

4-29-95 407944 9235
Date
Signature