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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000022401 (1)

J & S SPRINKLER DESIGN, INC.

Principal Place of Business Mailing Address

6761 MCKINLEY STREET
HOLLYWOOD FL 83024

HOLLYWOOD FL 83024

						3. Date Incorporated or Qualified 03/21/1994	ed or Qualified 3a. Date of Last Report 05/14/1996		
	Place of Business	2a. Mailing Ad	dress			4. FEI Number		Applied	
21		26				65-0478246	······	Not App	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$	8.75 Addition Fee Required	
City & Stat	le	City & Stat	te			6. Election Campaign Financing		5.00 May E	Be
23		28				Trust Fund Contribution		Added to Fee	38
Zip	Country	Zip		Country	<i>i</i>	8. This corporation has liability for i	ntangible tax i	under s. 199.0	032,
24]	25	29	30	<u> </u>			Yes N		
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	nt Registered Ager	nt		r	10. Name and Address of New Re-	gistered Ager	<u>nt</u>	·
COI	LUNS, JOHN			81	Name				
6761 MCKINLEY STREET					Street Ado	dress (P.O. Box Number is Not Acceptab	le)		
HOI	LLYWOOD FL 33024								
				83	•				
	•			84	City		8	Zip Code	
				1	'		FL	·   '	
office or agent. I signature						poration submits this statement for the pation's board of directors. I hereby accep		inging its regist	stered
1	Signature, typed or printed name of registered ag		(NOTÉ: Re		ent signature requ	uired when reinstating)	DATE	FOTORS "	
12,	OFFICERS AN	ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC			12 Addition
TITLE	COLLINS, JOHN		DELETE	1.1 TIBLE			لسا	Cusulte [1]	AUUIUU
MAME	6761 MCKINLEY STREET			1.2 NAME					
STREET ADDRESS	HOLLYWOOD FL 33024			1.3 STREET	1				
CITY-ST-ZIP	D		DELETE	1.4 CITY - S 2.1 TITLE	31-ZIP			Change   /	Additio
TITLE	COLLINS, SANDRA	L.,J	OLCCIE	i				Cuantic ()	AUUIIIU
NAME	6761 MCKINLEY STREET			2.2 NAME	1 ADODESC				
STREET ADDRESS	HOLLYWOOD FL 33024			2.3 STREET			1		
TITLE		<del>-</del>	DELETE	2. 4 CITY- 3.1 TITLE	51-ZIP			Change	Additio
NAME	1 .		WENT IL	3.2 NAME			ب	amaile [1]	
STREET ADDRESS	1			3.3 STREET	LADDRECC				
1.4.3									
CITY-ST-ZIP			DELETE	3.4. CITY-1	31- ZIF		··	Change []	Addition
NAME				4. 2 NAME				البين الالاستند	
STREET ADDRESS	5.2				I ADDRESS				
				4.4 CITY - S					
CITY-ST-ZIP			DELETE	4.4 CHY - S	DI-ZIF			Change []	Addition
NAME		٥		5.2 NAME			<b></b> -		aamoi
STREET ADDRESS					I ADDRESS				
\$									
CITY-ST-ZIP	<b></b>	<del></del>	DELETE	5.4 CHTY-5 6.1 TOTLE	51 - ZIP			Change	Addition
	1	لـــا	DELLIE					Augusto [1]	AUMITU
NAME				6.2 NAME					
STREET ADDRESS					I ADDRESS				
CITY+ST-7IP	1 :			64 CITY-5	\$1.7₽ I				

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 trusted 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.

4 -9h (0-1)012 h. 1-

**FILED** 

Apr 21 1997 8:00am

Secretary of State