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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400030619 (8)

FILED Feb 18 1998 8:00am Secretary of State

BARRO	OSO PLUMBING, INC.		·			
Principal Place of Business Mailing Address					saire adina titit matin ättat tibit 1611 1001	
1804 SEIDENBERG AVENUE KEY WEST FL 33040		1804 SEIDENBERG AVENUE KEY WEST FL 33040		DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified 04/21/1994	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
26		26			65-0499238	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 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	Cour	itry	8. This corporation owes or has pa	A-4 '
24	[25]	29	30		Personal Property Tax due June	
	9. Name and Address of Current	Hegistered Agent		B1 Name	10. Name and Address of New Re	gistered Agent
	ORGAN & HENDRICK		Ĺ			
	17 WHITEHEAD STREET EY WEST FL 33040		[*	Street Add	ress (P.O. Box Number is Not Acceptab	le)
N	E1 WEST PL 33040		ļ.	83		
			[4	B4 City		FL 85 Zip Code
office or re	o the provisions of Sections 607 0502 egistered agonf, or both, in the State in familiar with, and accept the obliga	of Horida. Such change wa	s authorized	by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE	Signature, typed or protect name of registerest ages	facilitate d'appresable (N	OTE Registered	Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PVT	☐ DELETE	1 1 TITU	1		Change Addition
NAME	BARROSO, BARRY JR		1.2 NA	ľ		
STREET ADORESS	1804 SEIDENBERG AVENUE KEY WEST FL 33040			EET ADDRESS		
CITY-ST-ZIP	NET TEST PL 33040	DELETE		Y-ST-ZIP		Change Addition
TITLE			2.1 7171			Civalibe Ci vitation
NAME OTDEET ADDRESS			22 NAI			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.1 TITU	Y-ST-ZIP F		Change Addition
NAME			3.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			1	Y-ST-ZIP		
TITLE		DELETE	4.1 7(1)			Change Addition
NAME			4. 2 NA	ME		-
STREET ADDRESS			4.3 STA	EET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	<u>. </u>	
TITLE		DELETE	5.1 TITE	E		Change Addition
NAME			5.2 NAM	ME		
STREET ADDRESS			5 3 STR	EET ADDRESS		
CITY - ST - ZIP		···-····		Y-ST-ZIP		
TITLE		DELETE	6.1 TITU	E		☐ Change ☐ Addition
NAME			6.2 NA	AE		
STREET ADDRESS			R12 E 3	EET ADDRESS		
CITY-ST-ZIP			6.4 CiT	r-ST-ZiP		

14. Thereby certify that the information supplied with this filing does not qualify for the examption 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:

BR

Bomos

2-10-99

296-5959