FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

6-12-96 B- 68116 -C

DOCUMENT # **P94000043112 (9)**

1. Corporation Name

VETERANS PLUMBING AND AIR CONDITIONING OF PALM B EACH INC.

Principal Place of Business	Mailing Address
1776 N PINE ISLAND RD SUITE 118 PLANTATION FL 33322	1776 N PINE ISLAND RD SUITE 118 PLANTATION FL 33322

2. Principal Place of Business	2a. Mailing Address
21 3020 N.W. 23rd Avenue	26 3020 NW 23rd Avenue
Suite, Apt. #, etc. 22 Oakland Park,	Suite, Apt. #, etc. 27
City & State 23 Oakland Park, FL	City & State 28 Oakland Park, FL
Zip / Country 24 33311 / 25 U.S.	Zip / Country 29 33311 / 30 U.S.

3. Date Incorporated or Qualified: **06/09/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0496834** ☐ 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

RUBINCHIK, HARVEY L
1776 N PINE ISLAND RD
SUITE 118
PLANTATION FL 33322

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GUILBERT, JOSEPH S		1.2 NAME	
STREET ADDRESS	511 NW 65TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP	
TITLE	P	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STIEFELD, MICHAEL		2.2 NAME	
STREET ADDRESS	1406 SW 83RD AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NO. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KUEHN, ALBERT E		3.2 NAME	
STREET ADDRESS	328 N OCEAN BLVD #508		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, RUSSELL		4.2 NAME	
STREET ADDRESS	9860 NW 25TH CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MICALE, PETER		5.2 NAME	
STREET ADDRESS	5441 TYLER ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	TILLMAN, CHRIS		6.2 NAME	P TILLMAN, CHRIS
STREET ADDRESS	55 NW 204TH ST. APT #1		6.3 STREET ADDRESS	55 NW 204TH ST. APT #1
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	MIAMI, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added on an attachment with an address.

SIGNATURE: Samuel Rubinchik 6-3-96 954-568-0516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)