

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

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000043112 (9)

1. Corporation Name

VETERANS PLUMBING AND AIR CONDITIONING OF PALM B
EACH INC.



Principal Place of Business

3020 N.W. 23RD AVE.
~~SUITE 410~~
OAKLAND PARK FL 33322
US

Mailing Address

3020 NW 23RD AVE.
~~SUITE 410~~
OAKLAND PARK FL 33311-1428
US

3. Date Incorporated or Qualified
06/09/1994

3a. Date of Last Report
06/12/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.
22 No Suite #
City & State
23
Zip Country
24

2a. Mailing Address

26
Suite, Apt. #, etc.
27 No Suite #
City & State
28
Zip Country
29

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
1778 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	GUILBERT, JOSEPH S	
STREET ADDRESS	511 NW 85TH AVE	
CITY-ST-ZIP	MARGATE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STIEFELD, MICHAEL	
STREET ADDRESS	1408 SW 83RD AVE.	
CITY-ST-ZIP	NO. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUEHN, ALBERT E	
STREET ADDRESS	328 N OCEAN BLVD #508	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, RUSSELL	
STREET ADDRESS	9880 NW 25TH CT.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICALE, PETER	
STREET ADDRESS	5441 TYLER ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TILLMAN, CHRIS	
STREET ADDRESS	55 NW 204TH ST. APT #1	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DS
5.3 STREET ADDRESS	Micale, Peter
5.4 CITY-ST-ZIP	5441 Tyler St.
	Hollywood, FL 33021
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	P
6.3 STREET ADDRESS	Tillman Chris
6.4 CITY-ST-ZIP	12706 89th Place North
	Royal Palm Beach FL 33412

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97 561-833-5187

0260151

CR2E034 (9/96)