

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90092 014 ***150.00

DOCUMENT # P94000043112

1. Corporation Name

VETERANS PLUMBING AND AIR CONDITIONING OF PALM B

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Principal Place	e of Business	Mailing Ad	Idress					***************************************	9) 91 B 18111 A1411 .					
3020 N.W. 23RE	D AVE.	3020 NW 2												
OAKLAND PARK FL 33322		OAKLAND PARK FL 33322						DO NOT WRITE IN THIS SPACE						
US		บร						3. Date Incorporated or Qualifed						
ļ								06/09/19						
2 Principal P	lace of Business	2a. Mailing	Address					4. FEI Number				Ap	plied For	1
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Suite, Apt.	#. etc.		Apt. #, etc.			_						\$8.75	Additional	
22	.,	27					- 1	5. Certifcate of	Status Desi	rea (]	Fee Re	quired	ļ
City & State	le ,	City &	State					6. Election Ca	mpaign Finar	ncing r		\$5.00	May Be	
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	9. Name and Address of Curren	t Registered A	gent				1	0. Name and	Address of I	New Reg	istered A	gent		4
					81 1	Name								
1	INCHIK, HARVEY L				82 5	Street Ad	ddress	(P.O. Box Num	ber is Not A	cceptable	1)			1
1	N PINE ISLAND RD							<u> </u>						4
	E 118				83									1
PLAI	NTATION FL 33322				84 (City						85 Zip (Code	1
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11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508	, Florida Statutes	, the a	bove-n	named co	corporati	tion submits this	statement fo	or the pul	pose of c	nanging its Imont as re	registered distered	
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the obligations of the college of	tions of, Section	n change was aut n 607.0505, Florid	ia Stati	iby the .ites.	e corpora	ration's	board of direct	D18. 1 11010DJ	ассорга	e appoin			'
SIGNATURE											DATE			
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable	(NOTE: R					en reinstating)			DATE			(86)
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN		(NOTE: R	beretzigel	Agent sig						DATE			(11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registared ager OFFICERS AN	nt and title if applicable) (NOTE: R	lagistared 13.	Agent sig			en reinstating)			DATE	DIRECTO	RS IN 12	34 (11/98)
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14. I hereby certify that the information supplied with this filing aces 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 truef and accurate and that my agrature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiper or sustee emptyweight to execute this report/as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment/with an addition, with rail opening the emptyweight.

SIGNATURE: