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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000043112

1. Corporation Name

VETERANS PLUMBING AND AIR CONDITIONING OF PALM B EACH INC.

Principal Place of Business

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

Mailing Address

 3020 NW 23RD AVE.
 OAKLAND PARK FL 33322
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/09/1994

4. FEI Number

65-0496834

Applied For

Not Applicable

5. Certificate of Status Desired

☐
\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐
\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☒ 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

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 ☐ DELETE
 NAME GUILBERT, JOSEPH S
 STREET ADDRESS 511 NW 65TH AVE
 CITY-ST-ZIP MARGATE FL

 TITLE D ☐ DELETE
 NAME KUEHN, ALBERT E
 STREET ADDRESS 328 N OCEAN BLVD #508
 CITY-ST-ZIP POMPANO BEACH FL 33062

 TITLE DS ☐ DELETE
 NAME MICALE, PETER
 STREET ADDRESS 5441 TYLER ST.
 CITY-ST-ZIP HOLLYWOOD FL

 TITLE P ☐ DELETE
 NAME TILLMAN, CHRIS
 STREET ADDRESS 12706 89TH PLACE N
 CITY-ST-ZIP ROYAL PALM BEACH FL

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ Change ☒ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP 33063

 2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

 3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS 9430 LIVE OAK PL. # 101
 3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33324

 4.1 TITLE ☐ Change ☒ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP 33412

 5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

 6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

29 MAR 99

Date

Daytime Phone

CR2E034 (11/98)