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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P94000059179 (9)

E. L. K	PLUMBING SYSTEMS, IN	C.				
Principal Place	e of Business	Mailing Address			T I I I I I I I I I I I I I I I I I I I	Alii Adiat Ailia laiat jihit tabta ibit taat
8905 ALAFIA RIVERVIEW F		8905 ALAFIA WAY RIVERVIEW FL 33569		DO NOT WRIT	E IN THIS SPACE	
					3. Date Incorporated or Qualified	
					08/09/1994	
2. Principal P	lace of Business	2a. Mailing Addre	ess		4. FEI Number	Applied For
21		26		59-3295173	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional	
22		27		5, Saminate of States Bookes	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	<del>  </del>		8. This corporation owes or has p	
24	25 9. Name and Address of Currer	nt Registered Agent	30		Personal Property Tax due Jun  10. Name and Address of New R	
	<u>y.</u>	II LIGHISTATED WHOLIT		81 Name	10. Hame are recess of new tr	ogletete rigoni
	OOUDOM, ERIC L					
	05 ALAFIA WAY		82 Street Ad		ess (P.O. Box Number is Not Accepta	able)
RIV	/ERVIEW FL 33569			83		
				84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	)2 and 607.1508, Florid e of Florida Such chang jations of, Section 607.0	la Statutes, the al ge was authorize 0505, Florida Stat	pove-named corp d by the corporati utes.	oration submits this statement for the ion's board of directors. I hereby acce	
SIGNATURE			AZII B	d Agent signature require		DATE
40	Signature, typod or printed name of registered age	ID DIRECTORS	(NOTE HOGISTON	a Agent signature redort	ADDITIONS/CHANGES TO OFFI	
12.	<b>DP</b>	DEI DE		TLE I	ADDITIONO/OTIVINALO TO OTT	Change Addition
NAME	KEOOUDOM, ERIC L		1.2 N/	AME		
STREET ADDRESS	8905 ALAFIA WAY			REFT ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33569		1.4 CI	1Y-\$1- <i>2</i> 1P		
TITLE	VST	DE:				Change Addition
NAME	KEOOUDOM, ELIZABETH		2.2 N/	AME.		
STREET ADDRESS	8905 ALAFIA WAY		2.3 \$1	REET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33569		2.40	ITY-ST-ZIP		
TITLE		☐ DE	LETE 3.1 To	TLF		☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3381	REFT ADDRESS		
CITY-ST-ZIP				HTY - ST - ZIP		
TOLE		Dt.	LETE 4.1 TI	TLE		Change Addition
NAME			4.2 N			
STREET ADDRESS			1	REET ADDRESS		
CITY-ST-ZIP		□ pr		TY-\$1 - ZIP		☐ Change ☐ Addition
TITLE		□ D£		ı		T quante T wantou
NAME			5.2 N	ŧ .		ĺ
STREET ADDRESS				HELT ADDRESS		i
CITY-ST-ZIP		DE		1Y-S1-7IP		Change Addition
TIBLE		ب ال	6.2 N	1		orango roundi
NAME STORES				1	•	
STREET ADDRESS				TY-ST-7IP		
CITY-ST-ZIP	certify that the information supplied w	with this filma does not			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 logal 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 13 if changed, or on an attachment with an address.