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Apr 28 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 # P94000059731 (7)

1. Corporation Name
BROCK PLUMBING, INC.



Principal Place of Business

8995 COLLINS AVE.
#505
SURFSIDE FL 33154

Mailing Address

8995 COLLINS AVE.
#505
SURFSIDE FL 33154-3503

2. Principal Place of Business

21 1717 N. Bayshore Dr.
Suite, Apt. #, etc.

22 3035
City & State

23 MIAMI, FLA

24 33132
Zip

Country

25 DADE

2a. Mailing Address

26 1717 N. Bayshore Dr.
Suite, Apt. #, etc.

27 3035
City & State

28 MIAMI, FLA

29 33132
Zip

Country

30 DADE

3. Date Incorporated or Qualified
08/12/1994

3a. Date of Last Report
12/27/1996

4. FEI Number
65-0531961

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

LO BRACCO, TOM
8995 COLLINS AVE.
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name

Tom LO Bracco

82 Street Address (P.O. Box Number is Not Acceptable)

1717 N. Bayshore Dr. #3035

83

84 City

MIAMI

FL

85 Zip Code

33132

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 and typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LO BRACCO, TOM
STREET ADDRESS 8995 COLLINS AVE. #505
CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ DELETE

NAME LO BRACCO, TOM
STREET ADDRESS 8995 COLLINS AVE. #505
CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 1717 N. BAYSHORE DRIVE #3035

1.4 CITY-ST-ZIP MIAMI, FLA. 33132

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1717 N. BAYSHORE DRIVE #3035

2.4 CITY-ST-ZIP MIAMI, FLA 33132

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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: Tom LO Bracco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97 3059954302
Date Daytime Phone # 0000828

CR2E034 (9/96)