

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000066987 (6)**

1. Corporation Name

ALL BROWARD PLUMBING, INC.



Principal Place of Business

**640 NW 182 WAY
PEMBROKE PINES FL 33029**

Mailing Address

**640 NW 182 WAY
PEMBROKE PINES FL 33029**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1994

2. Principal Place of Business

21 **900 NW 144 St.**

Suite, Apt. #, etc.

22

City & State

23 **Miami FL**

24 **33168**

Country

25 **Dade**

2a. Mailing Address

26 **900 NW 144 St.**

Suite, Apt. #, etc.

27

City & State

28 **Miami FL**

29 **33168**

Country

30 **Dade**

4. FEI Number

65-0514179

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SHORE, MICHAEL
640 NW 182 WAY
PEMBROKE PINES FL 33029**

10. Name and Address of New Registered Agent

81 Name **Gloria Suvillaga**
82 Street Address (P.O. Box Number is Not Acceptable)
900 NW 144 St.
83
84 City **Miami, FL** 85 Zip Code **33168**

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

Gloria Suvillaga

(NOTE: Registered Agent's signature required when reinstating)

DATE

1-8-98

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE
NAME **SHORE, MICHAEL**
STREET ADDRESS **640 NW 182 WAY**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☐ DELETE
NAME **KOTALIK, KENNY**
STREET ADDRESS **8450 NW 6 CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ DELETE
NAME **SUVILLAGA, GLORIA**
STREET ADDRESS **8450 N.W. 6 CT**
CITY-ST-ZIP **MIAMI FL**

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
1.4 CITY-ST-ZIP

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
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 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:

Gloria Suvillaga

Gloria Suvillaga - P. 98

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CR2E034 (10/97)