

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000071469 (8)

1. Corporation Name

ASSURED PLUMBING SERVICES, INC.

Principal Place of Business

6541 NW 22 STREET  
SUNRISE FL 33313

Mailing Address

6541 NW 22 STREET  
SUNRISE FL 33313



3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0523301

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

2. Principal Place of Business

21 1425 NE 56TH STREET

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT # 2

27 City & State

23 FORT LAUDERDALE, FLORIDA

28 Zip

24 33334

Country

25 USA

29 Zip

Country

30

9. Name and Address of Current Registered Agent

DANIEL O. WALKER  
6541 NW 22ND STREET  
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name

FRANK CRUZ

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

1701 NE 56TH STREET

83

APT # 2

84 City

FORT LAUDERDALE

FL

85 Zip Code

33334

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

Frank Cruz Jr.

FRANK CRUZ JR.

Vice President

3-22-96

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

WALKER, DANIEL O

STREET ADDRESS

6541 NW 22ND ST.

CITY - ST - ZIP

SUNRISE FL 33313

TITLE

V

NAME

COLEMAN, RONALD J

STREET ADDRESS

6541 NW 25TH ST.

CITY - ST - ZIP

SUNRISE FL 33313

TITLE

SP

NAME

WALKER, DANIEL O

STREET ADDRESS

6541 NW 22ND STREET

CITY - ST - ZIP

SUNRISE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

1.2 NAME

VINCENT MARZULLI

1.3 STREET ADDRESS

1425 NE 56TH STREET APT #2

1.4 CITY - ST - ZIP

FT. LAUDERDALE, FLORIDA 33334

2.1 TITLE

Vice President

2.2 NAME

FRANK CRUZ

2.3 STREET ADDRESS

1701 NE 56TH STREET APT #2

2.4 CITY - ST - ZIP

FORT LAUDERDALE, FLORIDA 33334

3.1 TITLE

TREASURER

3.2 NAME

DANIEL O WALKER

3.3 STREET ADDRESS

6541 NW 21ST COURT

3.4 CITY - ST - ZIP

SUNRISE, FLORIDA 33313

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Vincent A. Marzulli

VINCENT A. MARZULLI

3-22-96

954-938-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)