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May 21 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 # P94000087140

1. Corporation Name
EAST-WEST PLUMBING, INC.

Principal Place of Business / Mailing Address
590 S.W. 9th TERRACE, SUITE #9
Pompano Beach, FL 33069

3. Date Incorporated or Qualified: 11/94
3a. Date of Last Report: 1995

2. Principal Place of Business
21: 590 S.W. 9th TERRACE
22 Suite, Apt. #, etc.: Suite #9
23 City & State: Pompano Beach, FL
24 Zip: 33069
25 Country: USA

2a. Mailing Address
26: 590 S.W. 9th TERRACE
27 Suite, Apt. #, etc.: Suite #9
28 City & State: Pompano Beach, FL
29 Zip: 33069
30 Country: USA

4. FEI Number: 65-05-26861 ☐ 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
Kenneth A Possick
9900 N.W. 25th Court
SUNRISE, 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: Kenneth A. Possick 5/19/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	Kenneth A. Possick		12 NAME		
STREET ADDRESS	9900 N.W. 25th Ct.		13 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33322		14 CITY-ST-ZIP		
TITLE	V-Pres	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LORETTA Possick		22 NAME		
STREET ADDRESS	9900 N.W. 25th Ct.		23 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33322		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

5/21/97

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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: Kenneth A. Possick 5/19/97 (954) 783-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #