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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P 94000094259

NUNEZ WELL DRILLING & SPRINKLER SYSTEMS, INC.

Principal Place of Business

Mailing Address



98 MAR 30 AM 11:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

8200 SW MIAMI FL.	KENDALL DRIVE	8200 S.W. KENDALL DRIVE MIAMI FL, 33156				DO NOT WRITE IN THIS	CDACE		
	, 55100	11213112 C	, 00100			3. Date Incorporated or Qualified 12-30-1994	SFAUL		
2. Principal Place	of Business	2a. Mailing Address 26				4. FEI Number			
Suite, Apl. #. e	tc.	Suile, Apt. #, etc.				5. Certificate of Status Desired XX \$8.75 Additional Fee Required			
City & State		City & State 28 Zip Cou				6. Election Campaign Financing Trust Fund Contribution Added to Fees			ees
Zip 24 .					<i>'</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No			
		it Hegistered Agent		81	Name	10. Name and Address of New Registered	Agent		
NUNEZ LEC	INEL			-		(200			
	CANDALL DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
MIAMI FL,		83							
•				84	City	F	85	Zip Cod	e .
11. Pursuant to the	e provisions of Sections 607.050 lered agent, or both, in the State	2 and 607,1508, Florid of Florida, Such chanc	a Statutes, the a	above ed by	the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	f chang ointme	ging its reg	gistered stered
agent. i am fa	miliar with, and accept the obliga	ations of, Section 607.0	505, Florida St	atutes	3	,		n do rogn	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	Mare Typed to protect carne of registered age	nt and the if applicable	(NOTE Hegister	red Ago	nt signature regul	red when reinstating) DATE			
12.	OFFICERS ANI		13			ADDITIONS/CHANGES TO OFFICERS AN	DIRE	CTORS IN	l 12
TITLE P		☐ DEL	ETE 11	1)TLF			Ch	ange 🗀	Addition
NAME 8	ONEL NUNEZ OO SW KENDALL DRI	I VE		NAME		nnnnaazz	21718	=======================================	C
I M T	AMI FLORIDA, 3315	56			ADDRESS	000002477 -04/02/98	1010) 1110	250:	— : 21
0111-31-21	75	□ DCL		C·IY - S T/ILF	1-2 1-	****158.75			Addition
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NAME				MAME		10	<i>! '</i>		
STREET ADDRESS					AUDRESS	. ^			
CITY OF 71D			E A 1	niv. e	1 710				

14. 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 supplienental 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 an attack tent with an address.

SIGNATURE:

3/23/98

SIGNATURE