

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000016391 (1)

1. Corporation Name

NON-STOP PLUMBING AND DRAIN CARE, INC.



Principal Place of Business

Mailing Address

2750 N 34TH AVE #9-E
HOLLYWOOD FL 33021

2750 N 34TH AVE #9-E
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

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

10. Name and Address of New Registered Agent

ZEIG, ILAN
2750 N 34TH AVE #9-E
HOLLYWOOD FL 33021

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

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

(NOTE: Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS ZEIG, ILAN
CITY-ST-ZIP 2750 N 34TH AVE #9-E
HOLLYWOOD FL 33021

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

25 NAME ☐ Change ☐ Addition

26 STREET ADDRESS ☐ Change ☐ Addition

27 CITY-ST-ZIP ☐ Change ☐ Addition

28 NAME ☐ Change ☐ Addition

29 STREET ADDRESS ☐ Change ☐ Addition

30 CITY-ST-ZIP ☐ Change ☐ Addition

31 NAME ☐ Change ☐ Addition

32 STREET ADDRESS ☐ Change ☐ Addition

33 CITY-ST-ZIP ☐ Change ☐ Addition

34 NAME ☐ Change ☐ Addition

35 STREET ADDRESS ☐ Change ☐ Addition

36 CITY-ST-ZIP ☐ Change ☐ Addition

37 NAME ☐ Change ☐ Addition

38 STREET ADDRESS ☐ Change ☐ Addition

39 CITY-ST-ZIP ☐ Change ☐ Addition

40 NAME ☐ Change ☐ Addition

41 STREET ADDRESS ☐ Change ☐ Addition

42 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 liquidator thereof, or that I am empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)