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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026373 (7)

MICHAE	EL INVERGO PLUMBING IN	C.								
Principal Place	of Business	Mailing Address				T (18) (19) (19) (19) (19) (19) (19) (19) (19	HD16 VIIV II		E LOSA DE BI	
1321 DIXIE 1EHIGH ACRES FL 33936 1EHIGH ACRES FL 33936						DO NOT WRITE IN TH	IS SPACE			
<u> </u>						3. Date incorporated or Qualified		-		
						03/30/1995				
	Principal Place of Business 2a. Mailing Address					4. FEI Number		App	lied For	
21	26					65-0579567			Applicable	
Suite, Apt.	#, etc	Suite, Apt #, etc.				5. Certificate of Status Desired		75 Ad	dditional uired	
City & State	,	City & State				Election Campaign Financing     Trust Fund Contribution				
Zip 24	Country 25	7(p Cour 29 30			This corporation owes or has paid the current year intangule     Personal Property Tax due June 30. Yes				<b>7</b>	
<del></del>	9. Name and Address of Curren			Γ		10. Name and Address of New Registers				
INV	ERGO, MICHAEL			81	Name					
1321 DIXIE				B2	Street A	address (P.O. Box Number is Not Acceptable)				
LEHIGH ACRES FL 33936									[	
				83					}	
				В4	City		85	Zip C	ode	
SIGNATURE	to the provisions of sections 607,030 ggistered agont, or both, in the State in familiar with, and accept the obligation for the provision of the state of the st					corporation submits this statement for the purposionation's board of directors. I hereby accept the a		ing its	registered egistered	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS A		TORS	IN 12	
11TLE	D	DELET	1.1 TOTLE		T		Cha	inge	Addition	
NAME	INVERGO, MICHAEL 12		1,2 N/	1.2 NAME						
STREET ADORESS	1321 DIXIE		1.3 STREET ADORES						))	
CITY-ST-ZIP	LEHIGH ACRES FL 33936			1.4 CITY - ST - ZIP					{}	
TITLE		DELETI	E 2.1 TI	TLF	1		Cha	inge	☐ Addition	
NAME			2 2 N		ŀ					
STREET ADDRESS					ADDRESS [				Į.	
CITY-ST-ZIP TITLE					ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Cha	200	Addition	
NAME		[-] Otetii	3.1 II		i			iii <b>y</b> e	LI ADGIDON	
STREET ADDRESS					ADDRESS				ļ	
CITY-ST-ZIP					ST-ZIP				1	
TITLE		DELETI			,1-211		Cha	inge	Addition	
NAME		<del>-</del> -	4.2 N		1			-	1	
STREET ADDRESS			4.3 S1	IREET	ADDRESS				Ì	
CITY-ST-ZIP			4.4 C	TY-S	T-ZiP					
TITLE		DELETI					Cha	inge	☐ Addition	
NAME			5.2 N	AME	1				ļ	
STREET ADDRESS			5.3 ST	ree 1	ADDRESS				[	
CITY - ST - ZIP			5.4 CI	TY - S	T-ZIP					

14. Thereby 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 supplier ental 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 trustate employered 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 oppose attack ment and orders.

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

**SIGNATURE** 

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**FILED** 

Feb 25 1998 8:00am

Secretary of State

941-3686506

Change

Addition