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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000041772 (1) DOCUMENT #

Country

9. Name and Address of Current Registered Agent

25

HELMKE PLUMBING, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zω

Suite, Apt. #, etc.

26

27

28

29

12326 S.W. 132ND COURT MIAMI FL 33186

2. Principal Place of Business

Suite, Apt. #. etc.

City & State

21

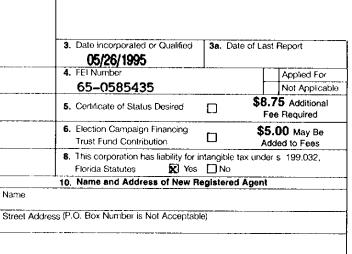
22

23

24

Ζip

12326 S.W. 132ND COURT MIAMI FL 33186



VILLASANTE, ROBERTO 44 WEST FLAGLER ST. **SUITE 1700 MIAMI FL 33130**

MIAMI FL 33130	84	FL FL FL FL FL FL FL FL					
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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.055. Elvrida Statutes.							

2.	Ignature, typed or printed name of registered agent and tr OFFICERS AND DIF		TE: Registered Agent signature re		DATE	
ITLE		DELETE	13.	ADDITIONS/CHANGES TO OFFICE		
	D	L'1 DELETE	1. 1 TITLE	P/V/T/S	☐ Change	X Additio
AME	HELMKE, GEORGE		1.2 NAME	Helmke, George		
TREET ADDRESS	12326 S.W. 132ND CT.		1.3 STREET ADDRESS	12326 S.W. 132 Court		
ITY-SY-ZIP	MIAMI FL 33186		1.4 CITY - ST - ZIP	Miami, Florida 33186		
IFLE		☐ DELETE	2. 1 TITLE	D	🗶 Change	Addition
AME			2.2 NAME	Smith, Joseph		
TREFT ADDRESS			2 3 STREET ADDRESS	12326 S.W. 132 Court		
ITY-S1-ZIP			24 CITY-ST-ZIP	Miami, Florida 33186		
TLE		DELETE	3 1 TITLE		Change	Addition
AMč			3.2 NAME			
TREE1 ADDRESS			3.3. STHEET ADDRESS			
ITY-ST-ZIP			34 CHTY - ST - ZIP			
TLE		DELETE	4 1 TITLE		Change	Addition
AME			4 2 NAME			
IREET ADORESS			4.3 STREET ADDRESS			,
ITY-SI-ZIP			4.4 CITY - ST - 7/P			
IILÉ		☐ DELETE	5. 1 111LE		Change	Addition
AME			5.2 NAME			_
TREET ADORESS			5.3 STREET ADDRESS			
ITY-S1-ZIP			5.4 CITY-ST-ZIP			
TLF		☐ DELETE	6.1 TITLE		☐ Change	Addition
AME			6 2 NAME		_ ,	
TREET ADDRESS			6.3 STREET ADDRESS			
ITY - ST - ZIP			6.4 CiTY-ST-ZIP			

Country

81 Name

B2

83

30

I do nereby 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). Fiorida 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

305-233-4300