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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 05 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041772 (1)

HELMKE PLUMBING, INC.

Principal Place of Business Mailing Address							T 38 DE JUDIE 18 DE DE DE LE LE DE LE	III OPIII BI <b>E</b> O		
12326 S.W. 132ND COURT 12326 S.W. 132ND COUP MIAMI FL 33186 MIAMI FL 33186			Ī				DO NOT WRITI	E IN THIS S	SPACE	
						3.	Date Incorporated or Qualified			
					····		05/26/1995			
2. Principal Place of Business 2a. Mailing Address						4.	FEI Number			Applied For
21		26					65-0585435			Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt #, etc.				5.	Certificate of Status Desired			Additional
22 City & State		City & State	City & State							Required
23	6	7	28			- 1	Election Campaign Financing  Trust Fund Contribution	П		O May Be d to Fees
Zip				Country					<u>-</u>	
24	25 29 30			B. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No						
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
VILLASANTE, ROBERTO				Τ	Name					
44 WEST FLAGLER ST.			82	+	Ctroot Addre	one /D	O. Box Number is Not Acceptal	nlo)		
SUITE 1700			02	1	Street Addre	ess (r.	O. Box Number is Not Acceptal	ле)		
MIAMI FL 33130			83	t						
11111	, 2 00 100		84	-	City		*		100 3	- 0-4-
			184	ĺ	City			FL	<b>85</b>   Zij	p Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statut	es, the abov	е-	named corp	oration	submits this statement for the	ourpose 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 repelieted agent and title it applicable (NOTE: F				Registored Agent signature requi			einstating)	DATE		
12.		ID DIRECTORS	13.			A	DDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	PVTS	L_J DELETE	1.1 TITLE						Change	e [_] Addition
NAME	HELMKE, GEORGE	1.2 NAME				'				
STREET ADDRESS	12326 S.W. 132ND CT.			1.3 STREET ADDRESS						
CITY-ST-ZIP				14 CNY-ST-ZIP 21 TITLE Change Ac					. The same	
TITLE	-			21 TITLE					Change	e [] Addition
NAME	SMITH, JOSEPH		2.2 NAME							
STREET ADDRESS	12326 S.W. 132ND COURT		2.3 STREET ADDRESS		- 1					
CITY-ST-ZIP TITLE	MIAMI FL 33186	DELETE	2.4 CITY- 3.1 TITLE	ST	-ZIP				Change	e Addition
NAME	<del>-</del> ' '			32 NAME					CT Cuantite	, DAOORIOI
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP								
TITLE	DELETE			4.1 TITLE					Change	Addition
NAME		<del></del>	4. 2 NAME		1					
STREET ADDRESS			4.3 STREE		DDRESS					
CITY-ST-ZIP			4.4 CITY-1							•
TITLE		☐ DELETÉ	5.1 TITLE	_					Change	Addition
NAME			5.2 NAME							
STREET ADDRESS	ss		5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY - 5	S1-	- ZIP					
TITLE		DELETE	6.1 TITLE						☐ Change	Addition
NAME			6.2 NAME		-					j
STREET ADDRESS			6.3 STREE	T AI	DDRESS					
CITY-ST-ZIP			6.4 CITY - S							
14. I hereby of indicated	certify that the information supplied von this annual report or supplement	with this filing does not qualify to	or the exemp	otic rat	on stated in S	Section re shall	119.07(3)(i), Florida Statutes. I	further ce	rtify that the	he 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.										

MONATURE. Marias Nelman H. 25 98 (205) 222 1120