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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000084215 (9)**

1. Corporation Name
ABLE PLUMBING SYSTEMS, INC.

Principal Place of Business
16345 W DIXIE HWY STE 249
NO MIAMI BEACH FL 33160

Mailing Address
16345 W DIXIE HWY STE 249
NO MIAMI BEACH FL 33160-3708

3. Date Incorporated or Qualified: **10/30/1995**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 17038 W. Dixie Hwy.
Suite, Apt. #, etc.
22 STE # 249
City & State
23 No. Miami Beach, FL
Zip 24 33160 Country 25 DADE

2a. Mailing Address
26 17038 W. Dixie Hwy.
Suite, Apt. #, etc.
27 STE # 249
City & State
28 No. Miami Beach, FL
Zip 29 33160 Country 30 DADE

4. FEI Number: **65-0638514** ☐ 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
EGGERT, WILLIAM D
16345 W DIXIE HWY STE 249
NO MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent
81 Name: William D. EGGERT
82 Street Address (P.O. Box Number is Not Acceptable): 17038 W. Dixie Hwy. STE #249
83
84 City: No. Miami Beach FL 85 Zip Code: 33160

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: William D. Eggert William D. EGGERT PVTD April 27 1997
Signature, typed or printed name of Registered Agent and title, if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVTD	☐ DELETE
NAME	EGGERT, WILLIAM D	
STREET ADDRESS	16345 W DIXIE HWY STE 249	
CITY-ST-ZIP	NO MIAMI BEACH FL 33160	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVTD	☒ Change ☐ Addition
1.2 NAME	William D. EGGERT	
1.3 STREET ADDRESS	17038 W. Dixie Hwy STE 249	
1.4 CITY-ST-ZIP	No. Miami Beach, FL 33160	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: William D. Eggert William D. EGGERT April 27 1997 305 445 5584