FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 12 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 # **P96000006751 (7)**

1. Corporation Name
ALL STAR SPRINKLER SERVICE OF PEMBROKE PINES INC

Principal Place of Business	Mailing Address
911 N.W. 209TH AVENUE UNIT 130 PEMBROKE PINES FL 33029	911 N.W. 209TH AVENUE UNIT 130 PEMBROKE PINES FL 33029-2115

3. Date Incorporated or Qualified: 01/23/1996
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0643728 ☐ 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

SANFORD, ROBERT N
911 N.W. 209TH AVE.
UNIT 130
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name: Rick Lutz
82 Street Address (P.O. Box Number is Not Acceptable): 911 N.W. 209th Ave
83: Unit 130
84 City: Pembroke Pines FL 85 Zip Code: 33029

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: Ricky Lee Lutz — DATE
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PVD~~ ☑ DELETE	1.1 TITLE	President ☐ Change ☑ Addition
NAME	~~SANFORD, ROBERT N~~	1.2 NAME	Rick Lutz
STREET ADDRESS	~~911 N.W. 209TH AVE. UNIT 130~~	1.3 STREET ADDRESS	911 N.W. 209th Ave Unit 130
CITY-ST-ZIP	~~PEMBROKE PINES FL 33029~~	1.4 CITY-ST-ZIP	Pembroke Pines, Fl. 33029
TITLE	STD ☐ DELETE	2.1 TITLE	Vice President ☑ Change ☐ Addition
NAME	SHINGARY, DAVID	2.2 NAME	Robert N Sanford
STREET ADDRESS	911 N.S. 209TH AVE. UNIT 130	2.3 STREET ADDRESS	911 N.W. 209th Ave Unit 130
CITY-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP	Pembroke Pines, Fl. 33029
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Ricky Lee Lutz Ricky Lee Lutz 4-10-97 9544317335