

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000016936 (2)

1. Corporation Name:
HURRICANE PLUMBING & SPRINKLER SERVICES, INC.

Principal Place of Business

219 ALPINE ROAD
W PALM BEACH FL 33405

Mailing Address

219 ALPINE ROAD
W PALM BEACH FL 33405

2. Principal Place of Business

21 1213 Lake Avenue
Suite, Apt. #, etc. #108

22 City & State
Lake Worth FL

23 Zip 33460 Country USA

24 33460 25 Palm Beach 29 33463 30 USA

2a. Mailing Address

26 5891 S. Military Trail
Suite, Apt. #, etc.

27 City & State
Lake Worth FL

28 Zip 33463 Country USA

9. Name and Address of Current Registered Agent
SOTILLO, MAURICE
5801 SOUTH DIXIE HIGHWAY
SUITE B
W PALM BEACH FL 33405

10. Name and Address of New Registered Agent
81 Name Teresa Monroe
82 Street Address (P.O. Box Number is Not Acceptable) 4729 Chariot Cir.
83
84 City Greenacres FL 85 Zip Code 33463

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 *Teresa Monroe*
Signature, by the person named in 9, for the current registered agent.

Teresa Monroe
(If the Registered Agent Signature is required when registering)

4/27/98
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME D WOOD, SUSAN
STREET ADDRESS 219 ALPINE ROAD
CITY-ST-ZIP W PALM BEACH FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 *Susan Wood*

4/27/98 (FL) 922 112/96

FILED

98 MAY 13 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1996 3a. Date of Last Report

4. FEI Number 65-0649689 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

CR2E034