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

**PROFIT** CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000021908 (4) Corporation Name MARIF LYNN THOMAS PLUMRING, INC.

		Mailing Address 6806 N.W. 75TH COURT TAMARAC FL 33321-5263			
				3. Date incorporated or Qualified 03/07/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	H. A. L.	26		65.0653487	Not Applicable
Suite, Apt	L. #, EIC	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Added to Fees
Zip	Country	Ζίρ	Country	8. This corporation has liability for int	
24	25 9. Name and Address of Curre		30 .	Florida Statutes  10. Name and Address of New Regi	Yes No
	CKSON, THOMAS E	ur vaðisralan viðaur	B1 Name	IV. Name and Address of New Negl	stered Agent
6808 N.W. 75TH COURT TAMARAC FL 33319			82 Street Ad	dress (P.O. Box Number is Not Acceptable	
			62 Street Ad	uress (F.O. box Number Is-Not Acceptable	)
			83		
			84 City		85 Zip Code
	1 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00		progration submits this statement for the pur	FL 18 Zip Gode
SIGNATURE	Signature, typed or pented name of registered as	nent and title if applicable [NOT8	. Registered Agent signature rec	<u> </u>	DATE
12.	OFFICERS AN	ID DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	JACKSON, THOMAS E		1.2 NAME		
STREET ADDRESS	6806 N.W. 75TH COURT		1.3 STREET ADDRESS		
City - S1 - ZiP	TAMARAC FL 33319		1.4 CITY~ST-ZIP		
THE	ST INCHES	DELETE	2.1 TITLE		Change Addition
NAME	JACKSON, JOHANNE M 6806 N.W. 75TH COURT		2.2 NAME		
STREET ADORESS	TAMARAC FL 33319		2.3 STREET ADDRESS		
CHY-ST-7IP TITLE	1,410.410.410.410	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		—	32 NAME		
STREET ADDRESS	s <b>j</b>		3.3 STREET ADDRESS		
CHTY - ST - ZIP		**************************************	3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TIFLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CHTY-ST-7IP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		broad accounting to board a respective
STREET ADDRESS	5		5.3 STREET ADDRESS		
CITY - \$1 - ZIP			5.4 CITY+ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	1		6.2 NAME		

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do heroby 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 f 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.