

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

FILED  
May 08 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000040123 (7)

1. Corporation Name  
BRIAN'S PLUMBING AND SPRINKLERS, INC.

|  |   |
|--|---|
| Principal Place of Business<br>7154 N. UNIVERSITY DRIVE<br>SUITE 243<br>TAMARAC FL 33321 | Mailing Address<br>7154 N. UNIVERSITY DRIVE<br>SUITE 243<br>TAMARAC FL 33321-2916 |
|--|---|

|  |                                   |
|--|-----------------------------------|
| 3. Date Incorporated or Qualified<br>05/09/1996  | 3a. Date of Last Report           |
| 4. FEI Number<br>65-06666031   | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   | \$8.75 Additional<br>Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

9. Name and Address of Current Registered Agent

FANELLI, JANET C  
7154 N. UNIVERSITY DRIVE  
SUITE 243  
TAMARAC FL 33321

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   |             |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | PD <input type="checkbox"/> DELETE             | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FANELLI, JANET C                               | 1.2 NAME  |  |
| STREET ADDRESS             | 7415 N.W. 51ST ST.                             | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LAUDERHILL FL 33319-8304                       | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD <input type="checkbox"/> DELETE             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FANELLI, BRIAN K                               | 2.2 NAME  |  |
| STREET ADDRESS             | 7415 N.W. 51ST ST.                             | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LAUDERHILL FL 33319-8304                       | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | STD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | POPE, RAYMOND                                  | 3.2 NAME  |  |
| STREET ADDRESS             | 6800 LANDINGS DRIVE                            | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LAUDERHILL FL 33319                            | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  | SD Shawn Garner  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    | 251 S.E. 6th AVE # 15  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       | Pompano FL 33064   |
| TITLE                      | <input type="checkbox"/> DELETE                | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  | TD Donald Bussert  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    | 2431 N.E. 10th Ave   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       | Pompano FL 33063   |
| TITLE                      | <input type="checkbox"/> DELETE                | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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: Janet Fanelli 4/28/97 799-9189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)