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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000040123**1. Corporation Name

BRIAN'S PLUMBING AND SPRINKLERS. INC.

7154 N. UNIVERSITY DRIVE	7154 N. UNIVERSITY DRIVE
SUITE 243	SUITE 243
TAMARAC FL 33321	TAMARAC FL 33321
2. Dringing Bloco of Business	2a Mailing Address

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90054 032 \*\*\*158.75

	TEOMONIA AND OF FINANCE											
Principal Place	of Business	Mailing Address					1 10011001 110	1 18 116 8 1111 BEILL B	****	W. W. C.		
7154 N. UNIVER	RSITY DRIVE	7154 N. UNIVERSITY DRIVE				1						
SUITE 243 SUITE 243							DO NOT WRITE IN THIS SPACE					
TAMARAC FL 33321 TAMARAC FL 33321							3. Date Incorporated or Qualifed					
						'	• •	ted of Qualifor	•			
	(D)	On Mailing Address				-	05/09/1996 L FEI Number				plied For	
2. Principal Pla	ace of Business	2a. Mailing Address				"	-	ı		} <del>-</del>	t Applicable	
21	in the second second	26	<u> </u>	<del></del> -	·		-65-0666031	-		\$8.75		_
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	<ol><li>Certifcate of St</li></ol>	atus Desired	X		equired		
22		City & State				-		in Financiae			<u> </u>	
City & State	Ð	City & State				6	3. Election Campa  Trust Fund Cor	_			May Be to Fees	
23		28	Cou	ıntnı		<del></del>					10 1 663	
Zip	Country	Zip	_	muy		8	3. This corporatio		rrent year in	tangible ☐ Yes	<b>X</b> No	
24	25	<del></del>	30				Personal Prope D. Name and Ad		Pogietorod		25/10	ł
	9. Name and Address of Current	Registered Agent		81	Name		y, Name and Ad	aress or new	Negistered	ABein		
CANE	ELL JANET C			"	Name			•				
	ELLI, JANET C			82	Street Ad	ddress	(P.O. Box Numbe	r is Not Accep	table)			Ì
	N. UNIVERSITY DRIVE						<u> </u>				<del></del>	
	E 243			83								
TAM	ARAC FL 33321			84	City					85 Zip	Code	Ì
					•				FL	<u>-                                     </u>		Į
affina ar re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was at	けいつロフ色に	n nv tr	he corpora	ation's	board of directors	. I hereby acce	ept the appo	intment as re	egistered	
SIGNATURE									B. 75		i	}
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered		signature requ	uired wher		110E2 TO 0	DATE	ND DIRECTO		í
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: D DIRECTORS	Registered	l Agent s	signature requ	uired wher	n reinstating) ADDITIONS/CH	ANGES TO O				1/08)
	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE:	Registered 13.	Agent s	signature requ	uired wher		ANGES TO O		ND DIRECTO	DRS IN 12	(11/08)
12.	Signature, typed or printed name of registered agent OFFICERS ANI PD FANELLI, JANET C	t and title if applicable. (NOTE: D DIRECTORS	13. 1.1 Ti	I Agent s		uired wher		ANGES TO O				034 (44/08)
12.	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: D DIRECTORS	13. 1.1 Ti	I Agent s	signature requ	uired when		ANGES TO O				00004 (44/08)
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD FANELLI, JANET C	t and title if applicable. (NOTE: D DIRECTORS  DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI	I Agent s TLE AME TREET A	ADDRESS	uired wher		ANGES TO O		☐ Change	Addition	DOE034 (11/08)
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD FANELLI, JANET C 7415 N.W. 51ST ST.	t and title if applicable. (NOTE: D DIRECTORS	13. 1.1 Ti 1.2 No 1.3 ST	I Agent s TLE AME TREET A	ADDRESS	uired when		ANGES TO O				CD2E034 (11/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD FANELLI, JANET C 7415 N.W. 51ST ST. LAUDERHILL FL 33319-6304	t and title if applicable. (NOTE: D DIRECTORS  DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI	TLE AME TREET A	ADDRESS	nerw Deniu		ANGES TO O		☐ Change	Addition	CD2E034 (11(08)
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14. I 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, with all other like empowered.

SIGNATURE: