


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

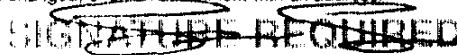
FILED

May 16 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 # P96000041712 (6) 1. Corporation Name ALL WET SPRINKLER SERVICES, INC.					
Principal Place of Business 1631 RIVERVIEW ROAD, LANDING 1, #704 DEERFIELD BEACH FL 33441			Mailing Address 1631 RIVERVIEW ROAD, LANDING 1, #704 DEERFIELD BEACH FL 33441		
2. Principal Place of Business 21 22542 ELMIRA BLVD 22 Suite Apt. # etc. 23 City & State PORT CHARLOTTE FL 24 Zip 33980 25 Country CHARLOTTE		2a. Mailing Address 26 22542 ELMIRA BLVD 27 Suite Apt. #, etc. 28 City & State PORT CHARLOTTE FL 29 Zip 33980 30 Country CHARLOTTE		3. Date Incorporated or Qualified 04/27/1996 3a. Date of Last Report Applied For Not Applicable 4. FEI Number 65-0665519 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEIST, LORI 1631 RIVERVIEW ROAD, LANDING 1, #704 DEERFIELD BEACH FL 33441			10. Name and Address of New Registered Agent 81 Name LEIST, LORI 82 Street Address (P.O. Box Number is Not Acceptable) 22542 ELMIRA BLVD 83 84 City PORT CHARLOTTE FL 85 Zip 33980		
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 D NAME LEIST, LORI STREET ADDRESS 423 NW 44TH TERRACE, #104 CITY-ST-ZIP DEERFIELD BEACH FL 33442			1.1 TITLE D 1.2 NAME LEIST, LORI 1.3 STREET ADDRESS 22542 ELMIRA BLVD 1.4 CITY-ST-ZIP PORT CHARLOTTE FL 33980		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

0622422

CR2E034 (9/96)