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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

■Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # p al mon 44.2001

1. Corporati	•	/0004498C				
YARA	10UNT PLUMBING	G AND HEATING	g of F	LORIDA	, WC	<i>c</i> .
Principal Pla	ce of Business	Mailing Add	iross			
655 P	PINE LAKE DRI	V &	~	_		
DELEG	Y BEACH, FL	23445	SAHE			DO NOT WRITE IN THIS SPACE
DELAN	y IDEACH, FE	93·4·40				3. Date Incorporated or Qualified 5/22/96
	Place of Business	2a. Mailing	Address			4. FEI Number Applied For 13 - 1880754 Not Applied
21 Suite, Apt	# etc	26 Suito Ar	ot #, elc.			
22		27	or 11, 010.			5. Certificate of Status Desired
City & Sta	ite	City & St	ate			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29		30		Personal Property Tax due June 30. 🗹 Yes 🔲 No
	9. Name and Address of	Current Registered Age	ent			10. Name and Address of New Registered Agent
C. 22.		_		81	Name	e
COKPO	PATION SERVICE	COMPANY		82	Street	et Address (P.O. Box Number is Not Acceptable)
1501 H	HAYS STREET HASSEE, FL 328	•				
TALLA	HASSEE FL 322	30/		83		
	,			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 6	007.0502 and 607.1508. F	Iorida Statute:	s, the above	-named	ed corporation submits this statement for the purpose of changing its registered
Office or r	registered agent, or both, in the am familiar with, and accept the	e State of Florida. Such c	hange was au	ithorized by	the corp	prporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		and games of pooles.			••	
SIGNATIONE	Signature (ypcolor prefer name of regi-	stirred agent and title if applicable.	(NOTE	Registered Age	nt signature	ure required when reinstalling) DATE
12.	T	RS AND DIRECTORS	4	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRES.	·	□ DFLETE	1 1 TiTLE		SECRETARY Change Addition
NAME	WILLIAM GREEN 655 PINE LAKE	UBLATT		12 NAME		ELEANOR GREENBLATT
STREET ADDRESS	655 PINE LAKE	PRIVE		1.3 STREET		
CITY - ST - ZIP	DEURAY POEACH	FZ 30440	DELETE	1.4 CITY - ST	I · ZIP	DELRAY BEACH, FL 33445
TITLE	-	L	DELETE	2.1 TITLE	1	☐ Change ☐ Additio
NAME STREET ADDRESS				2.2 NAME		
				2 3 STREET		
CITY-ST-ZIP TITLE		····	DELETE	2 4 CITY - S 3.1 TITLE	1-2P	Change Additio
NAME		_	- ·· -	3.2 NAME	ĺ	Augillo Change
STREET ADDRESS				3.3 STREET	ADORESS	.)
CITY-ST-ZIP				3.4. CITY - S		
TITLE			DELETE	41 THLE	i lett	☐ Change ☐ Addition
NAME				4 2 NAME		
STREET ADDRESS				4.3 STREET A	ADDRESS	
CITY - ST - ZIP				44 CITY-ST	- ZIP	
TITLE			DELETE	5.1 THLE		☐ Change ☐ Addition
NAME				5 2 NAME		100
STREET ADDRESS				5 3 STREET A	ADDRESS	1.76
CITY-SI-ZIP				54 CITY - ST	· ZIP	1,7,00
TITLE			DELETE	61 TITLE		3000024701 Totalge Addition
NAME				6.2 NAME		3000024701中 ⁶ 9 ⁹
STREET ADDRESS				6.3 STREET A	ADDRESS	***150.00
				_		I and the second

14. Thereby 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 five and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13. I changed on on an altiful ment with an address.

SIGNATURE

Villain Stent

WILLIAM GREWBLATT- PRE

3/19/98

561 637-3380

FILED

Mar 26 1998 8:00am

Secretary of State

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