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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 18 if ch

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052951 (6)

NEW LONGS VILLE PLUMBING EXPORT CO. Principal Place of Business Mailing Address 3401 N.W. 202ND STREET 3401 N.W. 202ND STREET MIAMI FL 33056-1722 MIAMI FL 33056-1722 3. Date incorporated or Qualified 3a. Date of Last Report 06/20/1996 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Ba 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent STRONG, BARBARA A 3401 N.W. 202ND STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33058-1722 83 City Zip Code 85 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 land accept the obligations of, Section 607.0505, Florida Statutes. Signature, typicd or printed name of registered agent and tille if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12 13. DELETE ☐ Change ___ Addition 1.1 TITLE TITLE ANDERSON, HYTON L 1.2 NAME MAME **260 N.E. 173RD STREET** STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI FL 33162 1.4 CITY - ST - ZIP CHY-SI DELETE Change Addition 1816 2.1 TITLE 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 7016 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST ZIE 4.4 CITY - \$7 - ZIP DELETE Change Addition THE 5.1 TITLE NAM: 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY ST-7-2 Addition DELETE Change 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 7IP 6 4 CITY - ST - ZIP

14. I do hereby centry 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 regelver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applicants in those 12 or Block 18 if the legal or or distance or in the regelver of the corporation of data-datases.

0142903

FILED

May 09 1997 8:00am

Secretary of State