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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000056532**1. Corporation Name

KOSS PLUMBING & MECHANICAL, INC.

100011	OHIDING & HICOTICHOI	745 INO								
Principal Place	of Business	Mailir	ng Address				:			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5663 NW 39TH	AVF.	5663 (NW 39TH AVE.							
COCONUT CREEK FL 33073		cocó	COCONUT CREEK FL 33073			, , , , , , , , , , , , , , , , , , , ,	TE IN THE	00405		
		j.					DO NOT WRI	TE IN THIS	SPACE	. .]
		,	1				3. Date Incorporated or Qualifed 06/28/1996			
2. Principal Pla	ace of Business	2a. V	lailing Address				4. FEI Number		_ Ar	plied For
21		26	<u>}</u>				65-0679477			t Applicable
Suite, Apt. 3	#, etc.	27 S	uite, Apt. #, etc.				5. Certifcate of Status Desired		• .	Additional equired
City & State	e		City & State				6. Election Campaign Financing		\$5.00	May Be
23	_	28	•				Trust Fund Contribution		Added	to Fees
Zip	Country		ip .	Count	гу		8. This corporation owes the curr	rent year in	tangible	
24	25	29	.[30			Personal Property Tax.		☐ Yes	□No
27	9. Name and Address of Cu		red Agent				10. Name and Address of New I	Registered	Agent	
		 		8	11 N	lame				
	s, daniel g	_		8	2 0	troot Addr	ress (P.O. Box Number is Not Accept	able)		
1000	1 NW 50 ST., #204			ľ	'- °	ilieet Addi	less (F.O. Box Humber is Not Mode)		and the second second	9
SUNI	RISE FL 33351			8	3			j. ji.	3003	
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				8	14 C	City	•	FI	85 Zip	Code
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office or reagent. I an SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of registere	State of Florida. obligations of, S	ection 607.0505, Floi	utnorized b rida Statute į	es. gent sig	corporation	on's poard of directors. Thereby acce	DATE	intilient as re	.gisici cd
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office or reagent. I are SIGNATURE 12. TITLE NAME	egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of registers OFFICER	State of Florida. obligations of, S ed agent and title if a	Such change was at ection 607.0505, Flor pplicable. (NOTE:	Registered Ac	gent sig	nature require	of s poard of directors. Thereby acce	DATE	ND DIRECTO	DRS IN 12
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6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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 an attachment with an address, with all other like empowered.

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90018 045 ***150.00