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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056957 (9)

S.E.L.P. PLUMBING, INC.					
				T TAROTERÍO PLA SENTE BOLLO BOLLO BOLLO BOLLO	4818) Biria Augus (418) Brian (68) (68)
Principal Plac	na of Rusinass	Mailing Address			1 1 1 1 1 1 1 1 1 1
Loss Maria		•			
203 BENSON JUNCTION RD. 203 BENSON JUNCTION RD. DEBARY FL 32713 DEBARY FL 32713-9700			,		
				3. Date Incorporated or Qualified	3a. Date of Last Report
				06/28/1996	
—	Place of Business	2a. Mailing Address		4. FEI Number 59-3393073	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.		Suito Ant # oto		37.3373073	Not Applicable
22 27		F		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Current F		30]	Florida Statutes 10. Name and Address of New Reg	Yes No
LIAP		Jahraran Whenr		10, Name and Addless of New Aeg	IBIOIOG Agont
HARRINGTON, LEE D 203 BENSON JUNCTION RD.					
DEBARY FL 32713			82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)
V-0	WALL OF 10		83		
			84 City		85 Zip Code
					FL
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		T. S. C. C. T. T. T. T. C. C. T. T. C.		T	
12,	Signature, typed or printed name of registered agent a OFFICERS AND E		Flogistered Agont signature require 13.	ADDITIONS/CHANGES TO OFFICE	PATE RS AND DIRECTORS IN 12
TITLE	D	☐ DELFTE	1.1 TITLE		Change Addition
NAME	HARRINGTON, LEE D		1.2 NAME		}
STREET ADDRESS	203 BENSON JUNCTION RD.		1.3 STREET ADDRESS		İi
CITY-ST-ZIP	DEBARY FL 32713		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETÉ	2.1 TIFLE	AN Nuys, Scott	Change 🔲 Addition
NAME	VAN NUYES, SCOTT			10 /10 / 000.	
STREET ADDRESS	5 CATALINA DRIVE		2 3 STREET ADDRESS		}
CITY-ST-ZIP TITLE	DEBARY FL 32713	DELETE	2. 4 CITY - ST - 7IP 3.1 TITLE		Change Addition
NAME	VAN NUYES, ERIC	ma ottett	3.2 NAME		ET comitée ET vocation
STREET ADDRESS	370 W. HOLLY DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL 32763		3.4. CITY- S1 - ZIP		ļ
TITLE	D	DELETE	4.1 TO LE		Change Addition
NAME	BRASSEUR, PHILIPPE		4. 2 NAME		
STREET ADDRESS APT. #2111 - QT. CUL DE SAC- RES-BELVEDERE		4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. MARTIN-FRENCH WEST INDI		4.4 CITY - ST - 7IP	1	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME AVAPER ADDRESS			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DECETE	5.4 C(1Y - \$1 - Z)P 6.1 TITLE		Change Addition
NAME		DECETE	6.2 NAME	•	ET evenile ET vocation
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-S1-ZIP		

14. I do hereby certify that the information supplied with this filling 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 acachment with an address.

1.18-6181

FILED

Apr 16 1997 8:00am

Secretary of State