

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

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000057530 (3)**

1. Corporation Name

**NORTH STAR PLUMBING OF WEST VIRGINIA, INC.**

Principal Place of Business

**1111 7TH AVENUE  
VERO BEACH FL 32967**

Mailing Address

**1111 7TH AVENUE  
VERO BEACH FL 32960-5722**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>1131 7th Avenue</b>		26 <b>P.O. Box 883</b>		07/09/1996			
22 Suite Apt. # etc <b>Suite B</b>		27 Suite, Apt. #, etc.		4. FEI Number <b>65-0691267</b>		Applied For Not Applicable	
23 City & State <b>Vero Beach, FL</b>		28 City & State <b>Vero Beach, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip <b>32960</b>		29 Zip <b>32961-0883</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country <b>USA</b>		30 Country <b>USA</b>		8. 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				10. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

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

(Signature, typed or printed name of registered agent and fee if applicable)


(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MECKS, RONALD E</b>	12 NAME	
STREET ADDRESS	<b>485 38TH AVENUE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32968</b>	14 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOBLEY, CRAIG M</b>	22 NAME	
STREET ADDRESS	<b>4245 60TH COURT</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32967</b>	24 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEX, DONALD</b>	32 NAME	
STREET ADDRESS	<b>3000 SOUTHEAST WAALER STREET</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL 34967</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

 **Donald Alex**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-97

561-567-5223

Date

Daytime Phone

0107506

CR2E034 (9/96)