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

CORPORATION ANNUAL REPORT

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 25 1998 8:00am Secretary of State

	1998	DIVISION OF	CORPORATIONS	Secretary of	State
	MENT # P9700 JRE COAST PLUMBING, IF	0005582 (6)			
IIILAO	SHE COACT TECHNONIC, II	10.			
Principal Place	e of Business	Mailing Address			St. Oflice Joseph (für sons
1425 NORTHEAST 56 STREET, SUITE 2		1425 MORTHEAST 56 STREET, SUITE 2			
FORT LAUDERDALE FL 33334		FORT LAUDERDALE FL 33334		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 01/21/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ote	Suite, Apt #, etc.		1050719171	Not Applicable
22	π, t;ιι,	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State	,		\$5.00 May Be
23] Zin	Constru	28	Country	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζφ 29	30	8. This corporation owes or has paid the curren Personal Property Tax due June 30.	
	g, Name and Address of Curre		30	10. Name and Address of New Registered Age	
AM	ERILAWYER CHARTERED		81 Name		
343 ALMERIA AVENUE 82 SI			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			83		<u> </u>
			63		
			84 City	FL.	35 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607-1508, Florida Statut	es, the above-named corp		anging its registered
office or r agent I a	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change was a pations of, Section 607 0505, Flo	authorized by the corporat orida Statutes.	poration submits this statement for the purpose of chaption's board of directors. I hereby accept the appoint	ment as registered
SIGNATURE					
12.	Signature, typed or printed name of repetered in	ient and tilk (Lappinsable (NOT ID DIRLCTORS	t : Registered Agent signature require 13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DI	BECTORS IN 12
TITLE	PD	DELFTE	1 1 TITLE		Change Addition
NAME	MARZULLI, VINCE A		1 2 NAME		-
STREET ADDRESS	1425 NORTHEAST 56 STREE		1.3 STREET ADDRESS		
CITY-S1-ZIP	FORT LAUDERDALE FL 3333		1.4 CITY - ST - ZIP		
TETLE	VD	☐ DELETE	21 TITLE	L	Change
NAME	COLEMAN, RON J 1425 NORTHEAST 56 STREE	T CHITE O	2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE FL 3333		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE	ST	DETETE	31 TITLE		Change Addition
NAME	WALKER, DANIEL Q		32 NAME		:
STREET ADDRESS	1425 NORTHEAST 56 STREE	et, suite 2	3.3 STREET ADDRESS		.*
CITY-ST-ZIP	FORT LAUDERDALE FL 3333		3.4 CITY-ST-ZIP		
TITLE		L DELETE	4.1 TITLE	Li	Change L Addition
NAME OTHER ADDOCCO			4 2 NAME		İ
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TIPLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertily that the information supplied a	vith this filling does not qualify fo	6.4 CITY-S1-ZIP	Section 119.07(3)(i), Florida Statutes, I further certify	that the information

indicated on this annual report or suppliemental 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