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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 20 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023300 (1)

DIXIE PLUMBING OF S. FLA. INC.

Principal Place of Business Mailing Address						r innainne, tre lette innii antii antii antii netii shen shen iline firit untii unti ilit
1093 NE 210TH TERRACE			:	•		
HORIT MIAMITE 33179						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
Principal Place of Business 2a. Mailing Address						03/10/1997
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			₽0.7E	
22		27			5. Certificate of Status Desired Fee Required	
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 owes or has paid the current year Intangible	
9. Name and Address of Curre		129 30 30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
713		Trogisterou Agont		81	Name	10. Hame and Address of New Registered Agent
	TITLEMAN, JOSEPH 1093 NE 210TH TERRACE					
NORTH MIAMI FL 33179				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	OTTITI WILAMI I E 30179		1	83		
			-	34	City	los l 75 Octo
					•	FL 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 register 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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
12.	Signature, typed or printed name of registered agen OFFICERS AND			Agent	t signature required	d when reinstating) DATE
TITLE	D OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	TITLEMAN, JOSEPH	— DECETE	1.1 HL			Citatige
STREET ADDRESS	1093 NE 210TH TERRACE		1.3 STREET		DORESS	
CITY-ST-ZIP	NORTH MIAMI FL 33179		1.4 CITY - S			
TITLE	D	☐ DELETÉ		2.1 TITLE		☐ Change ☐ Addition
NAME	TITLEMAN, NINA C		2.2 NAME			
STREET ADDRESS	1093 NE 210TH TERRACE	10TH TERRACE 2.3		EET A	DORESS	
CITY-ST-ZIP	NORTH MIAMI FL 33179			Y-ST	- ZIP	
TITLE		☐ DEĻĒTĒ	3.1 TITLE			Change Addition
NAME			3.2 NAM	ΙE	ŀ	
STREET ADDRESS	■ **		3.3 STRE	EET AC	DDRESS	
CITY-ST-ZIP			3.4. CIT		-ZIP	
TITLE			4.1 TITL		İ	☐ Change ☐ Addition
NAME	■ "~~		4, 2 NAN			
STREET ADDRESS	■ ****		4.3 STRE			
CITY-ST-ZIP	The state of the s		4.4 CITY	_	ZIP	
TITLE	_ :::::		5.1 TITU			☐ Change ☐ Addition
NAME OTREET ARROSESS			5.2 NAM			
STREET ADDRESS	1		5.3 STRE			
CITY-ST-ZIP TITLE			5.4 CITY		ZIP	Change Addition
			6.1 TITLE		1	LI Change L Addition
			6.2 NAME 6.3 STREET ADDRESS			
SINCEL HUUMESS			■ 0.3 STRE	CIAL	DUMEOO	

14. Thereby 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 of 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 a attachment with an address.