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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90047 046 ***150.00

DOCUMENT # P98000101231

1. Corporation Name

ON THE JOB PLUMBING INC.

Principal Place of Business

8132 SAN CARLOS CIRCLE
TAMARAC FL 33321

Mailing Address

8132 SAN CARLOS CIRCLE
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

65-0877234

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8209 N. PINE ISLAND ROAD

26 8209 N. PINE ISLAND ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TAMARAC SUITE 166

27 SUITE 166

City & State

City & State

23 TAMARAC FLA

28 TAMARAC FLA

Zip

Country

Zip

Country

24 33321

25

29 33321

30

BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISS, MICHAEL

8132 SAN CARLOS CIRCLE 8209 N. PINE IS ROAD
TAMARAC FL 33321 STE 166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 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

MICHAEL S. WEISS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P
NAME WEISS, MICHAEL
STREET ADDRESS 8209 N. PINE ISLAND ROAD STE 166
CITY-ST-ZIP TAMARAC FLA 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MICHAEL WEISS

4/28/99

954(931-1997)

CR2E034 (11/98)