FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S46915** **(2)**

1. Corporation Name

ZEE-BEST PLUMBING, INC.

Principal Place of Business
9605 NW 4TH ST
CORAL SPRINGS FL 33071
US

Mailing Address
9605 NW 4TH ST.
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: 04/19/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0257094 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 9522 SW 1 Place
Suite, Apt. #, etc.
22 Coral Springs
City & State
23 Fl. 33071
Zip 24 33071 Country 25 US

2a. Mailing Address
26 9522 SW 1 Place
Suite, Apt. #, etc.
27 Coral Springs
City & State
28 Fl.
Zip 29 33071 Country 30 US

9. Name and Address of Current Registered Agent

ZOBOROSKI, JEFFREY
9605 NW 4TH ST.
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
81 Name: Jeffrey Zoboroski
82 Street Address (P.O. Box Number is Not Acceptable): 9522 SW 1 PLACE
83
84 City: Coral Springs FL 85 Zip Code: 33071

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 (type or print name of registered agent on this line) (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ZOBOROSKI, JEFFREY	
STREET ADDRESS	9605 NW 4TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VP	☐ DELETE
NAME	COHEN, HARVEY	
STREET ADDRESS	20 MICHUM LN	
CITY-ST-ZIP	TAMARAC FL	
TITLE	S	☐ DELETE
NAME	ZOBOROSKI, MARIA	
STREET ADDRESS	9605 NW 4TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☒ Change ☐ Addition

1.1 TITLE	
1.2 NAME	ZOBOROSKI JEFFREY
1.3 STREET ADDRESS	9522 SW 1 Place
1.4 CITY-ST-ZIP	Coral Springs Fl 33071
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Cohen, HARVEY
2.3 STREET ADDRESS	8313 NW 57th Drive
2.4 CITY-ST-ZIP	Coral Springs 33067
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Zoboroski Maria
3.3 STREET ADDRESS	9522 SW 1 Place
3.4 CITY-ST-ZIP	Coral Springs Fl 33071
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jeffrey Zoboroski — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: April 29 — Daytime Phone: 305 753-4026

CR2E034 (12/95)

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