


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90023 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S98820 Corporation Name A BACKFLOW CERTIFICATION CO.		



Principal Place of Business	Mailing Address
101 NE 24 ST POMPANO BEACH FL 33064	610 NE 24 ST POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1991	
4. FEI Number 65-0302696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEONARD, WILLIAM F. 4875 N FEDERAL HIGHWAY TENTH FLOOR FT LAUDERDALE FL 33308		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

1. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME PS BAILEY, JAMES 610 NE 24 ST POMPANO BEACH FL	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME V POSEY, THOMAS R. JR 610 N.E. 24TH STREET POMPANO BEACH FL	<input type="checkbox"/> DELETE	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME	<input type="checkbox"/> DELETE	13.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME	<input type="checkbox"/> DELETE	13.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	<input type="checkbox"/> DELETE	13.5 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	<input type="checkbox"/> DELETE	13.6 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME	<input type="checkbox"/> DELETE	13.7 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME	<input type="checkbox"/> DELETE	13.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME	<input type="checkbox"/> DELETE	13.9 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

James Bailey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-99

Date

954-786-7118

Daytime Phone #

CR2E034 (5/99)