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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# **DOCUMENT #** 1. Corporation Name

SUNBELT PLUMBING SUPPLIES AND EXPORT, INC.

Principal Place of Business

Mailing Address

# FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90083 037 \*\*\*150.00



22 City & State Country Country Country And Contribution Country Registered Agent Street Address of New Registered Agent  ANGELOCCI, KIRK 1125 OLD OKEECHOBEE RD W. PALM BEACH FL 33401  Street Address (P.O. Box Number is Not Acceptable)  82  Street Address (P.O. Box Number is Not Acceptable)  83	<u> </u>	
2. Principal Place of Business 2. Mailing Address 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. City & State 3. City & State 3. City & State 3. Suite, Apt. #, etc. 3. City & State 3. Suite, Apt. #, etc. 3. City & State 3. Suite, Apt. #, etc. 3. City & State 3. City & State 3. State 3. City & State 3. This corporation owes the current year Intang Personal Property Tax.  9. Name and Address of Current Registered Agent 3. Name  ANGELOCCI, KIRK 1125 OLD OKEECHOBEE RD W. PALM BEACH FL 33401  8. This corporation owes the current year Intang Personal Property Tax.  8. Name  8. Name 8. Name 8. Name 8. Street Address (P.O. Box Number is Not Acceptable)  8. This corporation owes the current year Intang Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  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 charagement agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	\$8.75 A	
2. Principal Place of Business 2. Mailing Address 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. City & State 3. City & State 3. City & State 3. Suite, Apt. #, etc. 3. City & State 3. Suite, Apt. #, etc. 3. City & State 3. Suite, Apt. #, etc. 3. City & State 3. City & State 3. State 3. City & State 3. This corporation owes the current year Intang Personal Property Tax.  9. Name and Address of Current Registered Agent 3. Name  ANGELOCCI, KIRK 1125 OLD OKEECHOBEE RD W. PALM BEACH FL 33401  8. This corporation owes the current year Intang Personal Property Tax.  8. Name  8. Name 8. Name 8. Name 8. Street Address (P.O. Box Number is Not Acceptable)  8. This corporation owes the current year Intang Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  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 charagement agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	\$8.75 A	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	\$8.75 A	plied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.	•	t Applicable
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City & State  Country  Trust Fund Contribution  Registered year Intang Personal Property Tax.  Personal Property Tax.  10. Name and Address of New Registered Age  Name  ANGELOCCI, KIRK  1125 OLD OKEECHOBEE RD  W. PALM BEACH FL 33401  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 characteristic of the purpose of characteristic of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE		quired
Zip Country Zip Country 8. This corporation owes the current year Intang 24 25 29 30 Personal Property Tax.  9. Name and Address of Current Registered Agent  ANGELOCCI, KIRK 1125 OLD OKEECHOBEE RD W. PALM BEACH FL 33401  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City  FL  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 characteristic of the purpose of the purpose of characteristic of the pur	\$5.00	May Be
Zip Country Zip Country 30 8. This corporation owes the current year Intang Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Angel Name  ANGELOCCI, KIRK 1125 OLD OKEECHOBEE RD W. PALM BEACH FL 33401  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City FL  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 characteristic of the purpose	Added to	o Fees
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  ANGELOCCI, KIRK 1125 QLD OKEECHOBEE RD W. PALM BEACH FL 33401  82 Street Address (P.O. Box Number is Not Acceptable)  83 Registered Agent  84 City  FL  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 charge for registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	gible	_
9. Name and Address of Current Registered Agent  ANGELOCCI, KIRK 1125 QLD OKEECHOBEE RD W. PALM BEACH FL 33401  82 Street Address (P.O. Box Number is Not Acceptable)  83	Yes	□No
ANGELOCCI, KIRK 1125 OLD OKEECHOBEE RD W. PALM BEACH FL 33401  82 Street Address (P.O. Box Number is Not Acceptable)  83  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 characteristic 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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	ent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE		
W. PALM BEACH FL 33401  84 City  FL  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 characteristic of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE		
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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	anging its nent as re-	gistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	·	Ī
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		
TITLE DELETE 1.1 TITLE	] Change	☐ Addition
NAME ANGELOCCI, KIRK 1.2 NAME		
STREET ADDRESS 1125 OLD OKEECHOBEE RD 1.3 STREET ADDRESS		ļ
CITY-ST-ZIP W. PALM BEACH FL 1.4 CITY-ST-ZIP		
TITLE DELETE 2.1 TITLE	Change	Addition
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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** 

Date