FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # V45921

(6)

1. Corporation Name

REEF PLUMRING, INC.

REEF PLUMBING, INC.			1 (18) 1 (18) 1 (18)				
Principal Place of Business	Mailing Address		I LOBAL BANDIA DIDOL OLLIB ADIAD I				
1510 W. RIVER DR. MARGATE FL 33063		1510 W. RIVER DR. Margate FL 33063					
			3. Date Incorporated or Qualified 06/24/1992				
Principal Place of Business 1	2a. Mailing Address 26		4, FEI Number 65-0377014				
Suite, Apt. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired				
City & State	City & State		Election Campaign Financing Trust Fund Contribution				
Zip Country	Zip	Country	8. This corporation has liability for				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

|--|

 \Box

3a. Date of Last Report 07/10/1995

Applied For

Fee Required

\$5.00 May Be

Not Applicable \$8.75 Additional

Zip	Country	7in	T				Trust Forta Contin			led to Fees
24	25	Zip 29	Cour 30	ıtry			This corporation has Florida Statutes		intangible tax under	s 199.032,
	9. Name and Address of Curren		1301							
				81	Name	10.	Name and Addr	BS OT NOW F	legistered Agent	
MICHA	UD, CARL				1401110					
	W. RIVER DR.			82	Street Add	ress (P.0	O. Box Number is	Not Acceptab	ile)	
MARGATE FL 33063				83						
W/W/C	AIL 1 L 00000			83						
				84	City				85 2	Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607 1508 Florida State	too the abo				* · · · · · · · · · · · · · · · · · · ·		FL °° '	
or register	ed agent, or both, in the State of Flori th, and country to the state of Flori	a, Such change was author	ized by the co	re-Ha Orpoi	ration's boa	ration su rd of din	ubmits this statemi rectors. I hereby ac	ent for the pur scept the app	pose of changing its pintment as repisters	registered office ed agent. Lam
latimal Wil		6 bill 1505, Florida Statute	98.		- a-			. ,,		
SIGNATURE 4		to tile policabie	OTE: Registered						12.19	2
12.	OFFICERS AND		13.	Agent a	agriature re	when rain		000 70 000	DATE /	000 11 10
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NAME	MICHAUD, CARI		1.2 NA							Addition
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CrTY-ST-ZiP	MARGATE FL		1.4 CIT							
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NAME	GREICHEN, PATRICK A		22 NAM						[_] briange	Modition
STREET ADDRESS	2661 RIVERSIDE DR #8		23 S1R		ndeess					
CITY-S1-ZIP	CORAL SPRINGS FL		2 4 CiTy							
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NAME			6.2 NAM	Ε	ŀ				•==	
STREET ADDRESS			6.3 STRE	ET AD	DRESS					
Criy-SI-ZiP			6.4 CHY	- ST-2	?IP					
 I do hereby certify that oath; that I appears in 	certify that the information supplied w the information indicated on this annua am an officer or director of the corpor Block 12 or Block 13 if of siged or or	ith this filing is voluntarily furnal report or supplemental and attorned trust at a street at the street at the street at the street at a street and attachment with an and attachment with an and attachment with an and a	nished and do nual report is t a empowered Iress.	es r true a	ot qualify fo and accurat execute this	or the ex e and the report	temption stated in nat my signature s as required by Cha	Section 119.0 hall have the s apter 607, Flo	17(3)(k), Florida Statu ame legal effect as i rida Statutes; and th	tes. I further f made under at my name