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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V45921

(6)

REEF PLUMBING, INC.

FILED Apr 30 1997 8:00am Secretary of State

Principal Place	e or Business	Mailing Address	Mailing Address						V 5.417 105-		
1510 W. RIVER DR. MARGATE FL 33063			1510 W. RIVER DR. MARGATE FL 33063-2728								
						3. Date incorporated or Qualified 06/24/1992		te of Last	Report		
2. Principal Pa	ace of Business	2a. Mailing Add	ress			4. FEI Number		A	Applied For		
21		26			65-0377014 Not Applicat						
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	)	City & State	77-712-1-712-712-71			6. Election Campaign Financing		\$5.00	May Be		
23		28				Trust Fund Contribution			to Fees		
Ζιp	Country	Ζφ	C	ountry		8. This corporation has liability for	intangible	tax under	s. 199.032,		
24	25	29	30			Florida Statutes Yes No					
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent			
MiCH	HAUD, CARL			81	Name				)		
	W. RIVER DR.			82	Stroot Add	Iress (P.O. Box Number is Not Acceptate	via)				
	GATE FL 33063			02	Speciado	ress (F.O. box Number is Not Acceptat	7107		İ		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	W. 1. 2. 00000			83							
							<u> </u>				
				84	City		FL	<b>85</b> Zip	Code		
office or re agent. Lar SIGNATURE	egistered agent, or both, in the Stat n familiar with, and accept the oblig	e of Florida. Such char gations of, Section 607	ige was authori .0505, Florida S	zed by tatutes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	of the appo	changing intment a	its registered s registered		
·····	Signature, typical or printed name of tegistered a				nt signature requ	ired when reinstating)	DATE				
12.		ND DIRECTORS	1:			ADDITIONS/CHANGES TO OFFICE	ERS AND				
TITLE	DP AND AND	יי בו		TITLE	;	5		Change	Addition		
NAME:	MICHAUD, CARI			NAME	1 2	OWAY NOEL 867 FOREST HILLS BLUD					
STREET ADDRESS	1510 W RIVER DR		1.3	STREET	address   Z	861 FOREST HILLS BLUD	_		ļ		
City - S1 - 7IP	MARGATE FL			CITY-ST	-ZIP CC	DANL SPINGS , FL 33065	<u> </u>				
TILLE	DV	∐ D	ELETE 2.1	TITLE		•		Change	Addition		
NAME	GREICHEN, PATRICK A		2.2	NAME							
STREET ADDRESS	2661 RIVERSIDE DR #8		2.3	STREET	ADDRESS						
CHTY-ST-ZIP	CORAL SPRINGS FL		2	4 CITY - S	T-ZIP						
TITLE	b	□ D	ELETE 31	TITLE				Change	Addition		
NAME	Louisy,		3.2	NAME							
STREET ADDRESS	**		3 3	STREET	ADDRESS						
CITY - \$1 - 20P			3.4	I. CITY+S	T-ZIP						
TITLE		D	ELETE 4.1	TITLE				Change	☐ Addition		
NAME			4.:	2 NAME							
STREET ADDRESS			4.3	STREET	ADDRESS				ļ		
City-St-ZiP				CITY-S1	1				)		
Tru		D		TITLE				Change	Addition		
NAME		<del></del> -		NAME							
STREET ADDRESS				STREET	ADDRESS				ļ		
ì			1		. 1	4					
CHY+ST-2IP YILLE		D		CITY-ST	- ZIP	2		☐ Change	Addition		
		٥٠						The Analysis	L. Adomon		
NAMt			T T	NAME					ļ		
STREET ADDRESS			10	STREET	ĭ				1		
City - St - ZiP			6.4	CITY-SI	r- ZIP						

14. I do 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 charged, or on an attachor of with an address.

SIGNATURE:

NATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/

954-973-6833