PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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1. Corporation Name

KEIIII S	S PLUMBING SERVICE AND (DRAIN CLEANING, INC	C ³			
Principal Plac	ce of Business	Mailing Address		E 1881 BILBIG BILLI BRIRL IBILI BIRLI BIRLI	irans Asats Arais Asals 91915 Elati (99)	
6116 ISLA STE	REET	6116 ISLA STREET				
WEST MELBO	URNE FL 32904	WEST MELBOURNE FL 329	904	DO NOT MOTE IN THE OBAGE		
				DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed		
2 Principal F	Place of Business	2a. Mailing Address		08/31/1992 4. FEI Number	Applied For	
21	lace of business		•	59-3142143	Applied For Not Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		\$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current yea	r Intangible	
24	25	29	30	Personal Property Tax.	Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent	
KOE	NO METER		81 Name		. `	
KUF	PP, KEITH 6 ISLA STREET		. 82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
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			84 City	4 200 th 10 th 2 15 May 1 5 10 8 850 th 10 10 5	85 Zip Code	
ALLE PART OF FRANCE	G. P. artis	and the second			FLITT	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named corp	oration submits this statement for the purposon's board of directors. I hereby accept the ap	e of changing its registered	
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statutes.	or a board or directors. Thereby accept the by	ppointment as registered	
OLONIÀTURE						
SIGNATURE						
	Signature, typed or printed name of registered agent a		Registered Agent signature require			
12.	OFFICERS AND	DIRECTORS	13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
12.	OFFICERS AND		13. 1.1 TITLE			
12. TITLE NAME	OFFICERS AND D KOPP, KEITH	DIRECTORS	13. 1.1 TITLE 1.2 NAME		AND DIRECTORS IN 12	
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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 impowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

Daytime Phone #

CR2E034 (11/98)