

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V66487 (2)

1. Corporation Name
M.R.B. PLUMBING, INC.

Principal Place of Business
738 NORTHWEST 107TH STREET
MIAMI FL 33150
US

Mailing Address
738 NORTHWEST 107TH STREET
MIAMI FL 33150
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1992		3a. Date of Last Report 06/13/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0359285		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 33168		28 Zip 33168		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMPSON, MILTON D 1320 NW 90TH ST MIAMI FL 33147				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 FL				86 Zip Code			

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 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: *Milton Thompson* (NOTE: Registered Agent signature required when reinstating) DATE: 7-22-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE: PST NAME: THOMPSON, MILTON D STREET ADDRESS: 1320 NW 90TH ST CITY-ST-ZIP: MIAMI FL <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: D NAME: THOMPSON, MILTON D STREET ADDRESS: 1320 NW 90TH ST CITY-ST-ZIP: MIAMI FL <input type="checkbox"/> DELETE				1.2 NAME			
TITLE: VD NAME: THOMPSON, RUBY L STREET ADDRESS: 1320 NW 90TH ST CITY-ST-ZIP: MIAMI FL <input checked="" type="checkbox"/> DELETE (Deceased)				1.3 STREET ADDRESS			
TITLE: VP NAME: THOMAS, LEROY STREET ADDRESS: 140 NE 214TH ST CITY-ST-ZIP: MIAMI FL <input type="checkbox"/> DELETE				1.4 CITY-ST-ZIP			
TITLE: <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME: <input type="checkbox"/> DELETE				2.2 NAME			
STREET ADDRESS: <input type="checkbox"/> DELETE				2.3 STREET ADDRESS			
CITY-ST-ZIP: <input type="checkbox"/> DELETE				2.4 CITY-ST-ZIP			
TITLE: <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME: <input type="checkbox"/> DELETE				3.2 NAME			
STREET ADDRESS: <input type="checkbox"/> DELETE				3.3 STREET ADDRESS			
CITY-ST-ZIP: <input type="checkbox"/> DELETE				3.4 CITY-ST-ZIP			
TITLE: <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME: <input type="checkbox"/> DELETE				4.2 NAME			
STREET ADDRESS: <input type="checkbox"/> DELETE				4.3 STREET ADDRESS			
CITY-ST-ZIP: <input type="checkbox"/> DELETE				4.4 CITY-ST-ZIP			
TITLE: <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME: <input type="checkbox"/> DELETE				5.2 NAME			
STREET ADDRESS: <input type="checkbox"/> DELETE				5.3 STREET ADDRESS			
CITY-ST-ZIP: <input type="checkbox"/> DELETE				5.4 CITY-ST-ZIP			
TITLE: <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME: <input type="checkbox"/> DELETE				6.2 NAME			
STREET ADDRESS: <input type="checkbox"/> DELETE				6.3 STREET ADDRESS			
CITY-ST-ZIP: <input type="checkbox"/> DELETE				6.4 CITY-ST-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 changed, or on an attachment with an address.

SIGNATURE: *Milton Thompson* 7-22-97

CR2E034 (4/97)