

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V68258 (5)**
 1. Corporation Name
FLAMINGO PLUMBING & BACKFLOW SERVICES, INC.

Principal Place of Business: **36716 COLLIN DRIVE SUITE #110 WEST PALM BEACH, FL 33406**
 Mailing Address: **36716 COLLIN DRIVE SUITE #110 WEST PALM BEACH, FL 33406**

2. Principal Place of Business:
 21 State, Apt. # etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address:
 26 State, Apt. # etc.
 27 City & State
 28 Zip Country
 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/28/1992**

4. FEI Number: **65-0362975** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent
**DULL, LESLIE J.
 1645 PALM BEACH LAKES BLVD.
 SUITE 1050
 WEST PALM BEACH, FL 33401**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1501, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	DULL, JEFFREY K.	
STREET ADDRESS	2391 PINECREST CT.	
CITY-STATE-ZIP	WEST PALM BEACH, FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	DULL, LESLIE J.	
STREET ADDRESS	2391 PINECREST CT.	
CITY-STATE-ZIP	WEST PALM BEACH, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

500002550275
-06/08/98--01010--010
*****150.00**

OC 6/14

14. I hereby certify that the information supplied is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: **Jeffrey K. Dull** PRESIDENT **5/22/98 (561) 966-8099**

CR2E034 (10/97)