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

**PROFIT** 

Apr 17 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 469171 (3) MBM ROOFING, INC. Principal Place of Business Mailing Address 18855 NW 2 ST 18855 N.W. 2ND ST. PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1582757 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζιρ Country Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WATKINS, HERBERT J. 700 NE 90TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI SHORES FL 33138 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change \_\_\_ Addition MORRIS, MACK B. NAME 1.2 NAME 18855 N.W. 2ND ST. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE DELETE 2.1 TITLE Change Addition MORRIS, GLADYS B. NAME 2.2 NAME 18855 N.W. 2ND ST. STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE \_\_ Change Addition TITLE 3.1 TITLE CARTER, BRENDA 3.2 NAME NAME 965 N.W. 202ND TERRACE STREET ADORESS 3.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - St - ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 changod, or on an attachment with an address.

SIGNATURE:

\*\*Trusturies\*\*

FLORIDA DEPARTMENT OF STATE

**FILED**