

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:08

DOCUMENT # **G65116** (7)  
1. Corporation Name  
**ADVANCED ROOFING, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**281 N.E. 32ND STREET** **281 N.E. 32ND STREET**  
**OAKLAND PARK FL 33334** **OAKLAND PARK FL 33334**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **10/08/1983** 3a. Date of Last Report **01/24/1994**  
4. FEI Number **59-2360591** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KORNAHRENS, ROBERT**  
**4000 NE 31 AVE.**  
**LIGHTHOUSE POINT FL 33062**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: This block Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PTD	KORNAHRENS, ROBERT	1.2 NAME	
	4000 NE 31 AVE.	1.3 STREET ADDRESS	
	LIGHTHOUSE POINT FL	1.4 CITY - ST - ZIP	
VD	KORNAHRENS, DEBORAH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4000 NE 31 AVE.	2.2 NAME	
	LIGHTHOUSE POINT FL	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
S	RADCLIFFE, JILL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	7709 SW 7 COURT	3.2 NAME	
	NORTH LAUDERDALE FL	3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 111.076(9)(b), 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 addition.

SIGNATURE: [Signature] 1/16/95 305-322-6888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Robert P. Kornahrens Resident** Date **1/16/95** Typed Name **305-322-6888**