

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90014 040 \*\*\*150.00

DOCUMENT # **J12730**

1. Corporation Name  
**ACTION ROOFING SERVICES, INC.**

Principal Place of Business  
792 NE 45 ST.  
FT. LAUDERDALE FL 33334

Mailing Address  
792 NE 45 ST.  
FT. LAUDERDALE FL 33334



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/05/1986**

4. FEI Number

**59-2669101**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 **1100 NW 54TH. STREET**

Suite, Apt. #, etc.

22

City & State

23 **FORT LAUDERDALE, FL.**

Zip

24 **33309**

Country

25 **BROWARD**

2a. Mailing Address

26 **1100 NW 54TH. STREET**

Suite, Apt. #, etc.

27

City & State

28 **FORT LAUDERDALE, FL.**

Zip

29 **33309**

Country

30 **BROWARD**

9. Name and Address of Current Registered Agent

**SCRUTON, LINDA**  
**370 N.E. 24 ST.**  
**BOCA RATON FL 33431**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **DIFALCO, CHARLES**  
STREET ADDRESS **792 NE 45 ST.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP** ☐ DELETE  
NAME **PATTERSON, BRUCE**  
STREET ADDRESS **792 NE 45 ST.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **1100 NW 54TH. STREET**  
1.4 CITY-ST-ZIP **FORT LAUDERDALE, FL. 33309**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **1100 NW 54TH. STREET**  
2.4 CITY-ST-ZIP **FORT LAUDERDALE, FL. 33309**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles Difalco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/99**

Date

**954-776-0590**

Daytime Phone #

CR2E034 (11/98)

0288645