

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K97736 (8)**

1. Corporation Name  
**PAUL BANGE ROOFING, INC.**



Principal Place of Business: **5801 MAYO STREET HOLLYWOOD FL 33023 US**  
Mailing Address: **5801 MAYO STREET HOLLYWOOD FL 33023 US**

3. Date Incorporated or Qualified: **06/23/1989**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0124936**  
5. Certificate of Status Desired:  **\$8.75 Additional Fec 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

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

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

9. Name and Address of Current Registered Agent  
**BANGE, PAUL EDWARD  
6301 SW 185 WAY  
FT. LAUDERDALE FL 33332**

10. Name and Address of New Registered Agent  
81 Name: **BANGE, PAUL EDWARD**  
82 Street Address (P.O. Box Number is Not Acceptable): **5801 MAYO ST**  
83  
84 **HOLLYWOOD** FL 85 Zip Code: **33023**

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, to 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]* **Paul BANGE pres 7/15/96**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BANGE, PAUL</b>	
STREET ADDRESS	<del>6301 SW 185 WAY</del>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33332</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BICKFORD, DONALD C</b>	
STREET ADDRESS	<b>8314 LINCOLN ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ASHBY, ROBERT</b>	
STREET ADDRESS	<b>520 N 68TH WAY</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>GOTSHALL, RICHARD L</b>	
STREET ADDRESS	<b>5551 SW 40TH AVE.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BANGE, NANCI</b>	
STREET ADDRESS	<del>6301 SW 185 WAY</del>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33332</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P BANGE, PAUL</b>
1.3 STREET ADDRESS	<b>5801 MAYO ST</b>
1.4 CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>T BANGE, Nanci</b>
5.3 STREET ADDRESS	<b>5801 MAYO ST</b>
5.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33023</b>
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 Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, as on an attachment with an address.  
SIGNATURE: *[Signature]* **Paul BANGE 7/15/96** **954 981-7663**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE City/State/Phone #

CR2E034 (3/96)