

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

FILED

**Jan 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000015530 (5)

1. Corporation Name
ROOF SYSTEM SERVICES, INC.



Principal Place of Business
**1840-A NW 33RD ST.
POMPANO BEACH FL 33064**

Mailing Address
**1840-A NW 33RD ST.
POMPANO BEACH FL 33064-1309**

3. Date Incorporated or Qualified **02/22/1995** 3a. Date of Last Report **01/25/1996**

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 2251 Hammondville Rd | | 26 2251 Hammondville Rd | | 65-0540009 | | Not Applicable | |
| Suite, Apt. #, etc 22 Suite 300 | | Suite, Apt. #, etc 27 Suite 300 | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State 23 Pompano Beach FL 33069 | | City & State 28 Pompano Beach FL 33069 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Zip 24 33069 | | Zip 29 33069 | | Country 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|-----------------------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| FAZENBAKER, JEFF 1840-A NW 33RD ST. POMPANO BEACH FL 33064 | | | | 81 Name Fazenbaker, Jeff | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 2251 Hammondville Rd | | | |
| | | | | 83 Suite 300 | | | |
| | | | | 84 City Pompano Beach | | 85 Zip Code FL 33069 | |

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **1/22/97**

| | | | | | | | |
|----------------------------|--|--------------------|---|---|---|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | B <input type="checkbox"/> DELETE | 1.1 TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FAZENBAKER, JEFF | 1.2 NAME | Jeff Fazenbaker | NAME | Jeff Fazenbaker | | |
| STREET ADDRESS | 1840-A NW 33RD ST. | 1.3 STREET ADDRESS | 2251 Hammondville Rd, Ste. 300 | STREET ADDRESS | 2251 Hammondville Rd, Ste. 300 | | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | 1.4 CITY-ST-ZIP | Pompano Beach FL 33069 | CITY-ST-ZIP | Pompano Beach FL 33069 | | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | TANENBAUM, TOM | 2.2 NAME | Tanenbaum, Tom | NAME | Smause, Eric | | |
| STREET ADDRESS | 218 E. COPELAND DRIVE | 2.3 STREET ADDRESS | 218 E Copeland Drive | STREET ADDRESS | 2251 Hammondville Rd, Ste. 300 | | |
| CITY-ST-ZIP | ORLANDO FL 32806 | 2.4 CITY-ST-ZIP | Orlando, FL 32806 | CITY-ST-ZIP | Pompano Beach FL 33069 | | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | 3.2 NAME | | NAME | Willingham, Harold | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | STREET ADDRESS | 2251 Hammondville Rd, Ste.300 | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | CITY-ST-ZIP | Pompano Beach FL 33069 | | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | 4.2 NAME | | NAME | Fazenbaker, Christine | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | STREET ADDRESS | 2251 Hammondville Rd, Ste. 300 | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | CITY-ST-ZIP | Pompano Beach FL 33069 | | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | | TITLE | | | |
| NAME | | 5.2 NAME | | NAME | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | | TITLE | | | |
| NAME | | 6.2 NAME | | NAME | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | CITY-ST-ZIP | | | |

14. I do 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.

SIGNATURE: *[Signature]* DATE: **1/22/97** DAYTIME PHONE #: **954-972-3710**

CR2E034 (9/96)