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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90250 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000014504

1. Corporation Name
AARON QUALITY ROOFING, INC.



Principal Place of Business: 12311 164TH COURT NORTH JUPITER FL 33478
Mailing Address: 12311 164TH COURT NORTH JUPITER FL 33478

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

3. Date Incorporated or Qualified: 02/13/1997
4. FEI Number: 65-0397847
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 owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent
RAMOS, JOSE JR
12311 164TH COURT NORTH
JUPITER FL 33478

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 85. Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1.1 TITLE: D, DELETE
1.2 NAME: RAMOS, JOSE JR
1.3 STREET ADDRESS: 12311 164TH COURT NORTH
1.4 CITY-ST-ZIP: JUPITER FL 33478
2.1 TITLE: D, DELETE
2.2 NAME: RAMOS, MARY C
2.3 STREET ADDRESS: 12311 164TH COURT NORTH
2.4 CITY-ST-ZIP: JUPITER FL 33478

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change/ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE: Change/ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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: Mary C Ramos SIGNATURE REQUIRED Ramos April 14, 1999 748-9557
561-

CR2E034 (1/1/98)