


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

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**Apr 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000101401 (2)
1. Corporation Name
GENERAL ROOFING [REDACTED] INC.
SERVICES

N/C
3.27.98

Principal Place of Business: 951 SOUTH ANDREWS AVENUE, POMPANO BEACH FL 33069
Mailing Address: 951 SOUTH ANDREWS AVENUE, POMPANO BEACH FL 33069

[REDACTED]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1997	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0800123	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81. Name	CT Corporation System
82. Street Address (P.O. Box Number is Not Acceptable)	1200 S. Pine Island Road
83. City	Plantation
84. State	FL
85. Zip Code	33324

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: *Barbara A. Burke* SPECIAL ASSISTANT SECRETARY DATE: 4-23-98

12. OFFICERS AND DIRECTORS

TITLE	CEO/President	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/PRESIDENT/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GREGG WALLICK	
1.3 STREET ADDRESS	951 S. ANDREWS AVENUE	
1.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
2.1 TITLE	VP OF FINANCE/TREASURER/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DALE EBY	
2.3 STREET ADDRESS	951 S. ANDREWS AVENUE	
2.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
3.1 TITLE	VP OF HUMAN RESOURCES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANGELA PETTUS	
3.3 STREET ADDRESS	951 S. ANDREWS AVENUE	
3.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
4.1 TITLE	VP OF TECHNOLOGY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT BROOKER	
4.3 STREET ADDRESS	951 S. ANDREWS AVENUE	
4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069	
5.1 TITLE	VP OF OPERATIONS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM ABBERGER	
5.3 STREET ADDRESS	951 S. ANDREWS AVENUE	
5.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300012503448	
6.3 STREET ADDRESS	-04/28/98--01089--022	
6.4 CITY-ST-ZIP	***150.00	

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.

SIGNATURE: *John E. ...* Date: 4/21/98 064/012-3550

CFR2E034 (10/97)