PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1999

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Corporation Name P98000039824					00 NOV 15 AM 11: 09
GENERAL SERVICES OF FLORIDA ROOFING, CO.					
GLINLIN	AL SETTIOLS OF TESTIBA	noor ma,	, 00.		e nadmadu ero maraj nomi done adici darih done inica edia) idile mari done
Principal Place	e of Business	Mailing A	Address		
•		-			
13565 LAMIRADA CIRCLE WELLINGTON FL 33414		WELLINGTON FL 33414			PEINSTATEVIEWED SAG - 0()
					3. Date Incorporated or Qualified
					05/01/1998
2. Principal Place of Business		2a. Mailing Address			4. FEI Number X Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			60.75
پر Suite, Apt		27 27			5. Certificate of Status Desired Fee Required
City & Stat	re		& State		6. Election Campaign Financing \$5.00 May Be
!	-	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	This corporation owes the current year
]	25	29		30	Intangible Personal Property. Yes No
·	9. Name and Address of Curren	t Registered	Agent		10. Name and Address of New Registered Agent
₩ A C	SE TODO			81 Name	Gend Teallow
KASSE, TODD 124 SHORE COURT #204 82 Stre				82 Street	t Address (P.O. Box Number is Not Acteptable)
NO DALM PERCUEL COMO				83	13565 LAMIKANA CIE
110 17129 00 1071 1 0 00 100				83	<i>33</i> 414
• ,				84 City	Nelliton FL 85 7 3414
44 5	007.050		9. Florid - Ctot.	too the character and a	corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State	of Florida. Su	o, Florida Statu ch change was	authorized by the corp	poration's board of directors. I hereby accept the appointment as registered
•	am familiar with, and accept the obliga		ion 607.0505, F ・ てとみ	llou	11-2-17)
SIGNATURE	Signature, typed or printed name of registered agen	Ceval	- ` 	NOTE: Registered Agent signatu	ture required when reinstating) DATE
12,	OFFICERS AN	D DIRECTOR	s	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N. 12)
TITLE	D		DELETE	1.1 TITL€	Change Director Change Addition
NAME	DECKMAN, BETTY J		/ >	1.2 NAME	FILHO, Domingos
STREET ADDRESS	9200 LIME BAY BLVD #302			1.3 STREET ADDRESS	9857 3 Lakes Cir
CITY-ST-ZIP	TAMARAC FL 33321		-	1.4 CITY-ST-ZIP	BOCARATON, PI 33428
TITLE	D		DELETE	2.1 TITLE	IMENEZ-NAVARRO, DAVID Addition
NAME	TEALLOW, LINDA		/\	2.2 NAME	Jimene Calphonika, wholl
STREET ADDRESS	-13565 LAMIRADA CIRCLE-	·	•	2.3 STREET ADDRESS	
5.7. 2.P	WELLINGTON FL 33414			2.4 CITY-ST-ZIP	
THLE			DELETE	3.2 NAME	Change Addition
- Lajuwess i				3,3 STREET ADDRESS	
WINWE 33			•	3.4 CITY-ST-ZIP	
			DELETE	4.1 TITLE	Change Addition
				4.2 NAME	200003487722-3
<u>-</u> -: ADURESS				4.3 STREET ADDRESS	-12/05/0001070010
··· \$: 47P	 			4.4 CITY-ST-ZIP	****908.75 *****908.75
	,		DELETE	5.1 TITLE	Change Addition
_				5.2 NAME	W
./ ADDRES	<u> </u>			5.3 STREET ADDRESS	h_n ,
			- 7	5.4 CITY-ST-ZIP	1
	,		DELETE	6.1 TITLE	. Change Addition
-	· ·			6.2 NAME	1
: ADDRESS	!			6.3 STREET ADDRESS	5 I

6.4 CITY-ST-ZIP

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 changes, of on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR