

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000070209 (0)

1. Corporation Name

DIAMOND ROOFING SERVICES, INC.

Principal Place of Business

Mailing Address

6814 NW 12TH CT
PLANTATION FL 33313

6814 NW 12TH CT
PLANTATION FL 33313



2. Principal Place of Business	2a. Mailing Address
21 3808 W. Davis Blvd.	26 c/o E. Scott Golden, Esq.
22 Suite, Apt. #, etc.	27 644 SE 4 Avenue
23 City & State	28 City & State
23 FORT LAUDERDALE, FL	28 Fort Lauderdale, FL
24 Zip	29 Zip
24 33312	29 33301
25 Country	30 Country
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
10/04/1993	05/01/1995
4. FEI Number	Applied For
65-0444748	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONROY, DAVID M
6814 NW 12TH CT
PLANTATION FL 33313

81 Name	E. SCOTT GOLDEN, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)	644 SE 4 Avenue
83	
84 City	85 Zip Code
Fort Lauderdale	33301

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

E. Scott Golden

(NOTE: Registered Agent signature required when reinstating)

3/4/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, DAVID M	1.2 NAME	D/P
STREET ADDRESS	6814 NW 12TH CT	1.3 STREET ADDRESS	5290 SW 3 STREET
CITY-ST-ZIP	PLANTATION FL 33313	1.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DIV/T/Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, MARY K	2.2 NAME	
STREET ADDRESS	6814 NW 12TH CT	2.3 STREET ADDRESS	5290 SW 3 STREET
CITY-ST-ZIP	PLANTATION FL 33313	2.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JEAN RAYMOND TRIBULANT
STREET ADDRESS		3.3 STREET ADDRESS	5811 NW 17 PLACE #E
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID CONROY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID CONROY

Date

2/28/96

Daytime Phone #

(954) 583-1633

CR2E034 (12/95)