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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071430 (1)

AABCO ROOFING, INC.

			·r-=		
Principal Place of Business Mailing Address				1 10011001 100 10104 11111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111	ana. 11812 81886 11111 8811 1881
1717 SW 1ST WAY 1717 SW 1ST WAY					
I 5.2		DEERFIELD BCH FL 3306 US	4	DO NOT WRITE IN THIS SPACE	
••		55		3. Date Incorporated or Qualified	
				_10/14/1993	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-044 1989	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City 8 State			Fee Required
23 City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
				10. Name and Address of New Registers	ed Agent
Slatkin, Sheldon T			81 Name		
9900 WEST SAMPLE ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 400					
l co	PRAL SPRINGS FL 33065		63		
			84 City		85 Zip Code
dd Disserve	to the way deigns of Castiana COZ D	500 and 007 1/ 00 Florida Old 4			L 65 Zip Code
office or r	registered agent, or both, in the Sta	ate of Florida. Such change was a	authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e or changing its registered
agent. I a	am familiar with, and accept the obl	figations of, Section 607.0505, Flo	orida Statutes		-
SIGNATURE	Signature, typed or printed name of registered in	agent and title if applicable (NOTI	E: Registered Agent signature req	ured when reinstating) DATE	-
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	FAMULARO, RAYMOND		1.2 NAME		
STREET ADDRESS	1717SW 1 WAY #10		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	FAMULARO, CARL JR	•	2.2 NAME		
STREET ADDRESS	1717 SW 1 WAY #10		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		
TITLE		L DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SY-ZIP		Drutte	4.4 CITY - ST - ZIP		T 05
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME	}		5.2 NAME		ł
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP	<u> </u>	DELETE	5.4 City-St-ZIP		Change Addition
TITLE		☐ pereit	6.1 TITLE		Ti cusude Ti voortiou
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not gralify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or experimental annual report is ture and securate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee improved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with in actives.