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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90244 038 \*\*\*150.00

DOCUI 1. Corporation	MENT # <b>K446</b> 2	29							
i. Corporation	ABLE WATERPROOFING								
Principal Place of Business Mailing Address								K BINTI NIBII N	
840 NE 143RD ST 840 NE 143RD ST									
N. MIAMI FL 33161 N. MIAMI FL 33161						56.467.400	TE IL TUR 6		
						DO NOT WR	IE IN THIS S	PACE	
						3. Date incorporated or Qualifed 11/10/1988			_
2. Principal P	lace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number		Apı	plied For
21		26			65-0084368			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22	<del>_</del>	27	<del></del>						
City & State	е	— <u> </u>	City & State			6. Election Campaign Financing , \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country		8. This corporation owes the cur	ent year Inten		1
24 Zip	25	29	30	_ `		Personal Property Tax.		igiore ∐Yes	No.
24	9. Name and Address of Cu			<u> </u>		10. Name and Address of New	Registered Ag		
				81	Name			•	
REIC	CHLER, JEROLD H.			82	Straat Add	ress (P.O. Box Number is Not Accept	ahla)		
633 N.E. 167TH				62	Street Addi	ress (F.O. Box rainber is Not Accept			
STE. 703				83					
N. MIAMI BEACH FL 33162				84 City				85 Zip C	ode -
							FL	1 1	
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida. Such cl	nange was auth	horized by	the corporate	poration submits this statement for the on's board of directors. I hereby acce	pt the appoint	ment as reg	gistered
	Signature, typed or printed name of registered		(NOTE: R		t signature require	ed when reinstating)	DATE	DIDENTO	DC IN 40
12.		AND DIRECTORS	1 OF LETE	13.	,	ADDITIONS/CHANGES TO OF		☐ Change	Addition
TITLE	PVS	L	] DELETE	1.1 TITLE		•			
NAME	BAGBY, ROBERT S.			1.2 NAME					
STREET ADDRESS	* . *			1.3 STREET					1
CITY-ST-ZIP	N. MIAMI FL		DELETE	14 CITY-ST 2.1 TITLE	(-ZIP			Change	Addition
TITLE	TD Bagby, Robert S.		7 0000	2.2 NAME			•		_
NAME STREET ADDRESS	0.40 NE 4.4000 OT			2.3 STREET	TADDRESS				
ļ	N. MIAMI FL			2.4 CITY-S					•
CITY-ST-ZIP TITLE	14. Martin 1 C		DELETE	3.1 TITLE	17-ZII			Change	Addition
NAME				3.2 NAME					\
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3,4, C/TY-S					
TITLE			DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME		4			]
STREET ADDRESS				4,3 STREET	ADDRESS				ļ
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE			DELETE	5.1 TITLE				Change	☐ Addition
NAME				5.2 NAME					Į
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP				
TITLE		Ē	DELETE	6.1 TITLE	}			Change	Addition
NAME				6.2 NAME		•			
STREET ADDRESS				6.3 STREET	ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE: (1)

CITY-ST-ZIP