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Mar 31, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 246949

1. Corporation Name
QUALITY ROOF TRUSS COMPANY

Principal Place of Business
700 NW 107 AVE
MIAMI FL 33172

Mailing Address
700 NW 107 AVE
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/27/1961

4. FEI Number

59-0933031

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

MCCAIN, DAVID B., ESQ.
700 N.W.107TH AVE.,4TH FL.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME BOLOTIN, IRVING
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI, FL 00000 33172

TITLE P
NAME MILLER, STUART A.
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI, FL 00000 33172

TITLE CD
NAME MILLER, LEONARD
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI, FL 00000 33172

TITLE VD
NAME PEKOR, ALLAN J
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI, FL 00000 33172

TITLE T
NAME MALCOLM, WAYNEWRIGHT
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI, FL 00000 33172

TITLE AS
NAME SIERRA, E. KATHLEEN
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VS
1.2 NAME McCain, David B.
1.3 STREET ADDRESS 700 NW 107 Avenue
1.4 CITY-ST-ZIP Miami FL 33172

2.1 TITLE PP
2.2 NAME Miller, Stuart A.
2.3 STREET ADDRESS 700 NW 107 Avenue
2.4 CITY-ST-ZIP Miami FL 33172

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID B. MCCAIN VICE PRESIDENT

1/21/99

305-229-6400

Date

Daytime Phone #

CR2E034 (11/98)