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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

MURTO	N ROOFING CORP.	, ,			
Principal Place	e of Business	Mailing Address		E I MARII BINILI INDON II INDON II BILI MARIND HAR ANDIN SI	MII MENII MIREI MINIE NINII INNI
7860 N.W. 67 STREET 7860 N.W. 67 STREET MIAM! FL 33166 MIAM! FL 33166			DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualified	
				04/21/1975	
—	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# oto	Su-te, Apt. #, etc.		59-1583626	Not Applicable \$8.75 Additional
22 Suite, Apr.	#, etc	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζίρ	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent	01 11	10. Name and Address of New Registere	d Agent
	RTON, RICHARD A.		81 Name	ames C. Murton	
7860 NW 67 ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
MA	MI FL 33166		83	60 1000 B1 31184.	· · · · · · · · · · · · · · · · · · ·
			84 City	Miami F	I 85 33%しゃ
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute			
office or re agent. I ap	egistered autent of both in Ve State	Lot Florida, Such change was a lions of Section 607 0505. Flo	uthorized by the corporal rida Statutes	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE		1	The Otto State Sta		
	Signature, typ, d.o. printed name of registered ag-	ent and the it applicable (NOTE	Hegistere: Agent signature requi		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	MUDICAL DICHARD A	₩ DELETE	E 1.1 TITLE		☐ Change ☐ Addition
NAME	MURTON, RICHARD A 7860 NW 67 ST		1 2 NAME		
STREET ADDRESS	MIAMI FL		1 3 STREET ADDRESS		,
CITY-ST-ZIP TITLE	Р	☐ DELETE	1.4 CI Y-ST-ZIP 2 1 TITLE	STD	Change Addition
NAME	JAMES C. MURTON		22 NAME	910	
STREET ADDRESS	7860 NW 67 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI 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			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 T∩LE		Change Addition
NAME			4 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CI Y - ST - ZIP		Change Addition
TITLE		ר ווייים היידים ווייים	5.1 TITLE 5.2 NAME		Onlings
STREET ADDRESS			5 2 NAME 5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CI Y-SI-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	_		6 4 CI Y-ST-ZIP		
	ertify that the information supplied w	ith this filing does not qualify for		Section 119 07(3)(i) Florida Statutes I further	certify that the information

rinerely ceruly mai the information supplied with this filing does not quality for the exemption stated in Section 119 D7(3)(i). Florida Statutes. I further certify that the information indicated on this 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 cerporator or the research for 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 aparagrams with an address

SIGNATURE:

305-592-5385

FILED

May 18 1998 8:00am

Secretary of State