

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

FILED

**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 627600 (0)

1. Corporation Name
PATT ROOFING, INC.



Principal Place of Business 792 NE 45TH ST FT. LAUDERDALE FL 33334 US	Mailing Address 792 NE 45TH ST FT. LAUDERDALE FL 33334-9250 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/27/1979	3a. Date of Last Report 03/29/1996
21. Suite, Apt #, etc	26. Suite, Apt. #, etc.	4. FEI Number 59 192 7124 NOT APPLICABLE	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**PATTERSON, BRUCE D
7015 N.W. 38TH MANOR
CORAL SPGS FL 33085**

10. Name and Address of New Registered Agent

81 Name **LINDA SCRUTON**

82 Street Address (P.O. Box Number is Not Acceptable)
370 NE 24 ST.

83

84 City **BOCA RATON** FL 85 Zip Code **33431**

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: *Linda Scruton* DATE: **4/7/97**

Signature of or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, BRUCE D	1.2 NAME	
STREET ADDRESS	5141 PERIGNON WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPGS FL	1.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, LESLIE	2.2 NAME	
STREET ADDRESS	5141 PERIGNON WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPGS FL	2.4 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFALCO, CHARLES E.	3.2 NAME	DIFALCO, CHARLES E.
STREET ADDRESS	1902 NW 81ST AVE	3.3 STREET ADDRESS	8720 NW 18th St
CITY - ST - ZIP	CORAL SPRINGS FL	3.4 CITY - ST - ZIP	CORAL SPRINGS FL 33071
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
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CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Bruce Patterson* DATE: **3/25/97** TELEPHONE: **954-491-4269**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)