

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **641083** (1)
1. Corporation Name
PROTECTIVE ROOFING CO.

Principal Place of Business
**COCOLI INDUSTRIAL AREA
LOT 7, PANAMA CANAL AREA
COCOLI PA
US**

Mailing Address
**PSC 01 UNIT 705
APO AA 34001
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 94-0040788	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent UDELL, BARTON S. 2609 STERLING ROAD SUITE C-401 FT LAUDERDALE FL 33312		10. Name and Address of New Registered Agent	
81	Name Gary Homa	82	Street Address (P.O. Box Number is Not Acceptable) 2699 Sterling Road
83	Suite C-401	84	City Ft. Lauderdale
85	Zip Code 33312	86	State FL

11. Pursuant to the provisions of Sections 607.0102 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 *Gary Homa* **3/3/98**
Signature, typed or printed name of registered agent and firm, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMA, C WILLIAM	1.2 NAME	
STREET ADDRESS	HOUSE 792X	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALBOA, PANAMA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMA, DEAN C	2.2 NAME	
STREET ADDRESS	COCOLI TRAILER PK #23	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOLI, PANAMA 0	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUEENTES, ARMANDO	3.2 NAME	
STREET ADDRESS	ARCADIA, #7 VIA ARGENTINA	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA, PANAMA	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMA, BRUCE M	4.2 NAME	
STREET ADDRESS	COCOLI TRAILER PK #12	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOLI, PANAMA 0	4.4 CITY-ST-ZIP	
TITLE		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *C. William Homa* **FEB 20 1998** *911 5-17 272-2226*

CR2E034 (10/97)