

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

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 643956 (6)

1. Corporation Name  
BRAVDEY ROOFING CORP.

Principal Place of Business  
90 N. CONGRESS AVENUE  
P.O. BOX 806  
DELRAY BEACH FL 33445-3417

Mailing Address  
90 N. CONGRESS AVENUE  
P.O. BOX 806  
DELRAY BEACH FL 33445-3417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 235 SE 2nd Avenue Suite, Apt. #, etc. 22 Bay 3 City & State 23 Delray Beach, Fl. Zip 24 33483		2a. Mailing Address 26 235 SE 2nd Avenue Suite, Apt. #, etc. 27 Bay 3 City & State 28 Delray Beach, Fl. Zip 29 33483		3. Date Incorporated or Qualified 11/02/1979	
				4. FEI Number 59-1951697	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

YEDVARB, MARTIN  
90 N. CONGRESS AVENUE  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name	Yedvarb, Martin
82 Street Address (P.O. Box Number is Not Acceptable)	235 SE 2nd Avenue
83 City	Delray Beach
84 FL	85 Zip Code 33483

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEDVARB, MARTIN	1.2 NAME	
STREET ADDRESS	1181 N.W. 95TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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 *[Signature]* 1/15/98 54 270 338

CR2E034 (10/97)