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

DOCLIMENT #

141

| 1. Corporation DREW | | # 04 ROOFIN | 3, INC | | (1) | | | | | | | | 1 2/10/2011 |
|--|---|----------------|--------------------------------------|--------|--------------------------------------|------------|---|--------------------|----------|---|----------|------------------|--|
| | | | | | | - - | | | | _{ | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | | | | |
| 10475 RIVERSIDE DRIVE 10475 RIVERSIDE DRIVE | | | | | | | | | | 1 | | | |
| PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL | | | | | | | . 33410 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | | | | 3. Date Incorporated or Qualified | | | |
| I | | | | | | | | | | 11/13/1979 | | | |
| 2. Principal Place of Business 2a. Mailing / | | | | | | Address | | | | 4. FEI Number | | TAC | plied For |
| 21 | | | | | 26 | | | | | 59-1984136 | | | t Applicable |
| Suite, Apt. #, etc. | | | | | Suite, Apt. #, etc. | | | | | | <u> </u> | \$8.75 | |
| 22 | | | | | 27 | | | | | 5. Certificate of Status Desired L | | Fee Re | quirød |
| City & Stat | City & State | | | | City & State | | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | | | 28 | | | | | | Trust Fund Contribution | | Added t | o Fees |
| Zip | Country | | | Zip | | L. | Country | | | 8. This corporation owes or has paid to | | | , |
| | | | | 29 | | | | | | Personal Property Tax due June 30. Yes No | | | |
| g Name and Address of Current Registered Agent | | | | | | | | Name | | 10. Name and Address of New Regis | tered / | gent | |
| | JNCAN, DR | | - | | | | 61 | Marino | | | | | |
| 10475 RIVERSIDE DRIVE | | | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| PALM BEACH GARDENS FL 33410 | | | | | | | 83 | ļ <u> </u> | | | | | |
| | | | | | | | 63 | | | | | | |
| · | | | | | | | 84 | City | | | FL | 85 Zip (| Code |
| 44 Purcuent to the provisions of Cartions 607 0502 and 607 1508 Storida Statutor # | | | | | | | | e-pamed | corpo | ration submits this statement for the nurr | | changing its | s registered |
| Office or I | registered ag | ent, or both, | in the State of of the obligation | Florid | a. Such change w Section 607 0505 | as aut | thorized by | y the corp | oratio | oration submits this statement for the purpon's board of directors. I hereby accept the | he appo | ointment as | registered |
| SIGNATURE | | | | | | | | | | | | | |
| | Signature, typod | | of registered agent a | | | NOTE: F | | ent signature | required | | DATE | | |
| 12. | PTD | OF | FICERS AND L | HELC | DELETE | | 13. | | | ADDITIONS/CHANGES TO OFFICER | RS AND | DIRECTOR Change | S IN 12 |
| TITLE NAME | | N, DREW R | | | | | 1.1 TITLE 1.2 NAME | | | | | CHAINGE | |
| | | | | | | | | 4000000 | | | | | li li |
| STREET ADDRESS | DALLA DELOU ODDALO EL | | | | | | 1.3 STREET ADDRESS | | | | | | 15 |
| CITY-S1-ZIP TITLE | T | LACIT GILD | 110 1 € | DELETE | | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | <u> </u> | | Change | Addition |
| NAME | RI ANCS | FTT. WILLIA | м | | | | 2.1 TITLE 2.2 NAME | Ì | | | | | the state of the s |
| STREET ADDRESS | BLANCETT, WILLIAM 10475 RIVERSIDE DRIVE | | | | | | | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | DALLA DEACHL ODDANCE | | | | | | | 2.4 CITY-ST-ZIP | | - | 91 | | 1 |
| TITLE | SD | | | | DELETE | | 3.1 TITLE | 21-411 | | | | Change | Addition |
| NAME | SMITH, | CLAUD | | | | | 3.2 NAME | | | | | | _ |
| STREET ADDRESS | • | - | N FARM AVE | | | | 3.3 STREET | ADDRESS | | | | | } |
| CITY-ST-ZIP | PALM C | | | - | | | 3.4. CITY - 3 | i | | | | | |
| TITLE | | | | | ☐ DELETE | | 4.1 TITLE | | | | | Change | Addition |
| NAME | Ì | | | | | | 4. 2 NAME | ì | | | | | į |
| STREET ADDRESS |] | | | | | | 4.3 STREET | ì | | | | | - |
| CITY-ST-ZIP | 1 | | | | | | 4.4 CITY - S | - 1 | | | | | · 1 |
| TITLE | <u> </u> | | | | DELETE | | 5.1 TITLE | | | | | Change | Addition |
| NAME | | | | | | | 52 NAME | J | | | | | ļ |
| STREET ADDRESS |] | | | | | | 5.3 STREET | ADDRESS | | | | | 1 |
| CITY-ST-ZIP | | | | | | | 5.4 CITY-S | T-ZIP | | | | | |
| TITLE | [| | | | DELETE | | 6.1 TITLE | 1 | | | | Change | Addition |
| NAME | i | | | | | | 6.2 NAME | 1 | | | | | ļ |
| STREET ADDRESS | | | | | | | 6.3 STREET | ADDRESS | | | | | J |
| Crity-ST-29P | l | | | | | | 64 CITY- S | T-71P | | | | | |

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 or an attachment with an address.

SIGNATURE:

FILED

Mar 19 1998 8:00am

Secretary of State