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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G01223

CONSUMER ROOFING INDUSTRIES, INC.

		1000								
Principal Place of Business Mailing Address										
% ALAN G. CITRO % ALAN G. CITRO										
1118 S.E. 12TH AVE. 1118 S.E. 12TH AVE.			16	i			DO NOT WR	ITE IN THIS	SPACE	
CAPE CORAL FL 33990-3015 CAPE CORAL FL 33990-3015							Date Incorporated or Qualifec			
						•	09/24/1982			
Principal Place of Business 2a. Mailing Address						4.	FEI Number		- I Ar	oplied For
¬ '	lace of basiness	26				59-2223690		N+	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			 				Additional
22		<u> </u>	27			5.	Certifcate of Status Desired		Fee Ro	equired
City & State		City & State				6.	Election Campaign Financing		\$5.00	May Be
23		28	28			İ	Trust Fund Contribution	Ш		to Fees
Zip	Country	Zip	Cour	ntry		8.	This corporation owes the cur	rent year Inta	ingible	1
24	25	29	30				Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curr	rent Registered Agent				10.	Name and Address of New	Registered /	<u>lgent</u>	
				81	Name					
CITRO, ALAN G.				82	Street Address (P.O. Box Number is Not Acceptable)					
	S.E. 12TH AVE.		Į				<u> </u>			
CAP	E CORAL FL 33904		1	83						
	•		-	84	City				85 Zip	Code
÷					•			FL	1 1	
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statut	es, the at	ove	-named corr	poratio	n submits this statement for the	e purpose of	changing its	s registered
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. Such change was a igations of, Section 607.0505, Flo	rida Statu	ites.	ne corporati	IUH S DU	Dard of directors, Thereby accor	spi tile appoil	milion as it	Sgistered
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE		Agent	signature require			DATE		
12.	,	AND DIRECTORS	13.				ADDITIONS/CHANGES TO O	FFICERS AN		_~
TITLE	PD	☐ DELETE	1.1 TIT						☐ Change	☐ Addition
NAME	CITRO, ALAN G		1.2 NA	ME						
STREET ADDRESS	1118 SE 12TH AVENUE		1.3 STI	1.3 STREET ADDRESS						
CITY-ST-ZIP	CAPE CORAL, FL 00000		_	1.4 CITY-ST-ZIP						Addition
TITLE	☐ DELETE			2.1 TITLE					Change	☐ Acciron
NAME			2.2 NAME							
STREET ADDRESS			2.3 STI	REET	ADDRESS					ł
CITY-ST-ZIP			2. 4 Cr		r-zip					- Addition
TITLE		. DELETE	3.1,717			٠	•	,	_ Change	☐ Addition (
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. Cr		ſ-ZiP				Change	Addition
TITLE		☐ DELETE	4.1 TIT						Change	Audilloi1
NAME	·		4. 2 NA							Į
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT		-ZIP					C Addition
TTILE		☐ DELETE	5.1 TIT						Change	☐ Addition
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		——————————————————————————————————————	5.4 CIT		-ZIP			-	[]Chanca	☐ Addition
TITLE		DELETE			1				Change	☐ Addition
NAME			6.2 NA							
CTOCCT ADDRESS	1		■ 6.3 Si	KF7-I	ADDRESS					

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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90177 012 ***150.00