

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90245 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G23449

1. Corporation Name
ROOF CONSULTING SERVICES, INC.



Principal Place of Business
1180 S. POWERLINE
106
POMPANO BEACH FL 33069
US

Mailing Address
1180 S. POWERLINE RD.
106
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/09/1983

4. FEI Number
59-2264371

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. 1101 N.E. 191st Street
Suite, Apt. #, etc.

26. 1101 N.E. 191st Street
Suite, Apt. #, etc.

22. Suite 208
City & State

27. Suite 208
City & State

23. North Miami Beach, FL
Zip Country

28. North Miami Beach, FL
Zip Country

24. 33179 25. Oada

29. 33179 30. Oada

9. Name and Address of Current Registered Agent

MITCHELL, GARRIE
1180 S. POWERLINE RD
STE. 106
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81. Name
Garrie Mitchell, Garrie
82. Street Address (P.O. Box Number is Not Acceptable)
1101 N.E. 191st Street
83. Suite 208
84. City
North Miami Beach FL 85. Zip Code
33179

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 officer 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 *Garrie Mitchell*
Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

Apr. 120, 1999

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PVST	MITCHELL, GARRIE	1180 S. POWERLINE RD., STE. 106	POMPANO BEACH FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PVST	Mitchell, Garrie	1101 NE 191st Street Suite 208	North Miami Beach, FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1999

Date

Daytime Phone #

305-945-9090

CR2E034 (1/1/98)