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

PROFIT CORPORATION ANNUAL REPORT

1998

The state of the s



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G65116

ADVANCED ROOFING, INC.

FILED									
Feb 03	1998	8:00am							
Secre	etary c	of State							

Principal Place of Business Mailing Address							
			n.e. 12th Terrace Juderdale FL 33334				
						DO NOT WRITE IN THIS S	PACE
						3. Date incorporated or Qualified	
						10/08/1983	
2. Principal Place of Business 2a. I		2a. Mailing Addr	, Mailing Address			4. FEI Number	Applied For
1		26				59-2360591	Not Applicable
Sulte, Apt. #, etc. City & State 3		Suite, Apt. #,	Suite, Apt. #, etc. 27 City & State 28			5. Certificate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
		<u>├</u> ─┐ ′				Election Campaign Financing Trust Fund Contribution	
Zip 4	Country 25	Ζ ₁ ρ	30 Co	untry		This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year Intangible Yes \[\] No
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered A	gent
KORNAHRENS, ROBERT			81	Name			
4345 NE 12TH TERRACE FT LAUDERDALE FL 33334		82	2 Street Address (P.O. Box Number is Not Acceptable)				
				83			
				84	City	FL	85 Zip Code
office or reg	the provisions of Sections 607. istered agent, or both, in the S familiar with, and accept the o	tate of Florida. Such chan	ge was authorize	ed by	the corpora	rporation submits this statement for the purpose of ation's board of directors, I hereby accept the appo	changing its registered pintment as registered

SIGNATURE Signature, typed or ponted name of registered agent and file if applicable (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE PD TITLE 1.1 TITLE ☐ Change Addition KORNAHRENS, ROBERT NAME 1.2 NAME 4345 NE 12TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2 1 1)TLF ☐ Change Addition TITLE KORNAHRENS, DEBORAH NAME 2.2 NAME 4345 NE 12TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE PAIN, DAVID D. NAME **3.2 NAME** 4345 NE 12TH TERRACE STREET ADDRESS 3.3 STREE1 ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE STOKES, DANIEL 4345 NE 12TH TERRACE 4.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 4.4 CITY- ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CHY-S1-7IP 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 trusted 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:

Samuel B. Res DAVID O. PAIN

(154)522-6868