FILE NOW: FILING FEE AFTER MAY 1ST IŞ \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90026 042 ***150.00

DOC	CUME	ENT#	G65	116

1. Corporation Name

ADVANCED ROOFING, INC.

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Principal Plac	e of Business	Mailing Address				_[* 1001(1) 0010 0110 01101 1101 1101	**** #**** #**	*** *****	*****	** *****	
345 N.E. 12TH TERRACE		4345 N.E. 12TH TERRACE	4345 N.E. 12TH TERRACE			-						
T LAUDERDAL	E FL 33334	FT LAUDERDALE FL 33334	FT LAUDERDALE FL 33334			ļ	-					
						-	DO NOT WRITE	N THIS S	SPACE			1
						} 3	3. Date Incorporated or Qualifed					1
		A 14-10- 6 44					10/08/1983 s. FEI Number				ind For	1
2. Principal Place of Business		2a. Mailing Address			14			-		ied For	┨	
1		Suite Ant # sto			-{-	59-2360591		e o 7		Applicable Iditional	ł	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	5. Certifcate of Status.Desired - + . []		Reĝi			
2		City & State	City & State			- -	Florier Compain Financing			<u>`</u>		1
City & State		<u>⊢</u> ₁ ′	<u></u>			6	6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees					
3 Zip	Country	Zip	Zip Country			+	This corporation owes the current	voes Inte		00 10		1
¬ŋ `	25		30) •	Personal Property Tax.	-	Yes	Γ	⊇No	ļ
4	9. Name and Address of Curren		30			10	0. Name and Address of New Reg					1
	5. Name and Address of Curren	Citagletered Agent		81	Name				<u> </u>			1
KOR	NAHRENS, ROBERT								·			}
	NE 12TH TERRACE			82	Street Add	ress ((P.O. Box Number is Not Acceptable) .				
	AUDERDALE FL 33334			83								1
]
				84	City			FL	85	Zip Co	ode	}
	to the provisions of Sections 607.050	0 1 CO7 4E00 El	46				an automite this statement for the pull		handin	n ite ee	nistered	-
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	i by i	the corporati	on's l	board of directors. I hereby accept the	e appoin	tment a	s regi	stered	l
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Flo	rida Stat	utes.								}
SIGNATURE		NOTE:	B			4	- installant	DATE				
40	Signature, typed or printed name of registered ager	D DIRECTORS	13.	Agen	t signature require	ea wne	ADDITIONS/CHANGES TO OFFIC		DIREC	TOR	S IN 12	1
12. NTLE	PD	DELETE	1,1 TI	——- П F			ADDITIONS/CITATIONS TO CITTO	CITO AITE	☐ Char		Addition	13
	KORNAHRENS, ROBERT		1	1.2 NAME						•		:
NAME	4345 NE 12TH TERRACE			1.3 STREET ADDRESS								13
STREET ADDRESS	(1.4 CITY-ST-ZIP								H
CITY-ST-ZIP	FT LAUDERDALE FL	DELETE	_		1-ZIP				Char		[] Addition	1 1
TITLE	VODNALIDENS DEDODALI								٠,١٠٥٠	.5-		}
NAME	KORNAHRENS, DEBORAH		2.2 NAME									
STREET ADDRESS	4345 NE 12TH TERRACE	-			ADDRESS				شنيين			- -
CITY-ST-ZIP	FT LAUDERDALE FL	□ priett		my-s	T-ZIP				☐ Cha		Addition	┨
TITLE	ST DAVID D	☐ DELETE		3.1 TITLE					ال دالة	ige		ĺ
NAME	PAIN, DAVID D.		3.2 N									}
STREET ADDRESS	4345 NE 12TH TERRACE				ADDRESS							
CITY-ST-ZIP	FT LAUDERDALE FL	D BELETE	3.4. C		T-ZIP				[] Chai		□ Addition	{
TITLE	V	☐ DELETE	4.1 TI		}				∐ Cilai	ige	Addition	l
NAME	STOKES, DANIEL		4.2 N	AME)
STREET ADDRESS			4.3 ST	REET	ADDRESS							1
CITY-ST-ZIP				TY- \$7	r-ZIP						N. A. C. C.	1
TITLE		☐ DELETE	5.1 TI		}				☐ Char	ige	☐ Addition	
NAME			5.2 N									
STREET ADDRESS					ADDRESS							{
CITY-ST-ZIP				TY-ST	T-ZIP							1
TITLE		☐ DELETE	6.1 TI						Char	ige	Addition	1
NAME			6.2 N									1
STREET ADDRESS	}		6.3 \$	TREET	ADDRESS							1

14. I hereby certify that the information supplied with this filling 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:

Saura D PAIN

2/15/99

(954) 522-6868