

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G66547 (2)**

1. Corporation Name
POWELL ROOFING, INC.



Principal Place of Business
**530 BUSINESS PARKWAY, BAY 2
ROYAL PALM BEACH FL 33411**

Mailing Address
**530 BUSINESS PARKWAY, BAY 2
ROYAL PALM BEACH FL 33411**

3. Date Incorporated or Qualified: **10/18/1983**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FFI Number: **59-2364660**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**AMERINGEN, FRANK VAN ATTY.
970 HICKORY TRAIL
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0532 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	POWELL, WALLACE W	
STREET ADDRESS	163 MARTIN CIRCLE	
CITY-STATE-ZIP	ROYAL PALM BCH. FL 33411	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, RUSSELL C	
STREET ADDRESS	100 DOVE CIRCLE	
CITY-STATE-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	S	<input type="checkbox"/> DELETE
NAME	POWELL, VICKIE	
STREET ADDRESS	163 MARTIN CIRCLE	
CITY-STATE-ZIP	ROYAL PALM BCH. FL 33411	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NOWLING, CHARLES C	
STREET ADDRESS	1535 W. ELAINE CIRCLE	
CITY-STATE-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	LOWEN, RUSSELL C
13 STREET ADDRESS	100 DOVE CIR.
14 CITY-STATE-ZIP	ROYAL PALM BEACH FL 33411
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
22 NAME	NOWLING, CHARLES C
23 STREET ADDRESS	1535 W. ELAINE CIR.
24 CITY-STATE-ZIP	WEST PALM BEACH FLA. 33417
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	KELLY M. ALVAROZ
33 STREET ADDRESS	5742 S. RIVE RD.
34 CITY-STATE-ZIP	GREENACRES FLA 33462
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	POWELL WALLACE W.
43 STREET ADDRESS	17204 47th CT NO
44 CITY-STATE-ZIP	LOXAHATCHEE FLA. 33414
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Wallace W. Powell **Wallace W. Powell** 2/4/96 407-793-2611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)