

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1983	3a. Date of Last Report 03/11/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FET Number 59-2364660		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 **WALLACE W. POWELL**
82 Street Address (P.O. Box Number is Not Acceptable)
17204 47th CT NORTH
83
84 City **LOXAHATCHEE** FL 85 Zip Code **33420**

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 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 Wallace W. Powell **WALLACE W. POWELL** DATE **4/3/97**
(NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, WALLACE W	1.2 NAME	
STREET ADDRESS	17204 47TH COURT NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	POWELL, RUSSELL C	2.2 NAME	
STREET ADDRESS	100 DOVE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	POWELL, VICKIE	3.2 NAME	
STREET ADDRESS	163 MARTIN CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH. FL 33411	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	NOWLING, CHARLES C	4.2 NAME	
STREET ADDRESS	1535 W. ELAINE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ALVAROE, KELLY	5.2 NAME	
STREET ADDRESS	5742 S RUE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Wallace W. Powell **WALLACE W. POWELL** **4/3/97** **561-793-2611**

CR2E034 (9/96)