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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # H64156

(3)

BEN'S RELIABLE ROOFING, INC.

FILED

Jan 14 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address ### Mailing Address ### Principal Place of Business Mailing Address #### ### Principal Place of Business ### ### ### ### ### #### #### ####								
					3. Date Incorporated or Qualified 06/27/1985		ate of Last R 26/1996	Report
2. Principa	al Place of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			59-2645318			ot Applicable
22 Suite, A	pt #, etc	Suite Apt. #. etc			5. Certificate of Status Desired			Additional equired
City & S	State	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	30 Cou	nlry	This corporation has liability for Florida Statutes		tax under s	199.032,
:	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New F	legistered	Agent	
	USH, BEN JR.			81 Name				
	9721 N.W. 26TH CT. PEMBROKE PINES FL 33024			82 Street A	ddress (P.O. Box Number is Not Accept	ess (P.O. Box Number is Not Acceptable)		
				83				
:				84 City			85 Zip	Code
						<u>FL</u>	•	
office o	or reg stered agent, or both, in the S Tam familiar with, and accept the cl	tate of Florida. Such change:	was authorized	d by the corpo	corporation submits this statement for the bration's board of directors. I hereby acc	ept the app	ointment as	registered
SIGNATUR	Signature type if or professionance of regulation	disquirised tited application	(NOTE Registerer	Agent signature r	equired when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	PD PEN ID	DELET		* *			Change	Addition
NAME	BUSH, BEN JR. 9721 N.W. 26 CT.		1.2 NA	1				
STREET ADORES -CITY - ST-ZIP	HOLLYWOOD FL			REET ADDRESS				
TITLE		DELET		TY-ST-ZIP TLE		·	☐ Change	Addition
NAME			22 N/	AME			-	
STREET ADDRES	SS		23 SI	REET ADDRESS				
CHTY - ST - ZIP				ITY - ST - ZIP				
TITLE		☐ DELET					Change	Addition
NAME CERCLA CORE	ree		3.2 N/	Į.				
STREET ADDRES	55			IREE1 ADDRESS ITY - ST - ZIP				
DILE		DELET					Change	Addition
NAME			4. 2 N	AME			-	
STREET ADDRES	255		4.3 \$1	TREET ADDRESS				
CITY - ST - ZIP				!Y-SI-ZIP				
- TITLE		DELET	5.1 T r	TLE			Change	Addition
NAME			5.2 N/	AME				
STREET ADDRE	SS		5.3 \$1	FREET ADDRESS				
CITY - ST - ZIP		D DE ET		1Y-\$I- <i>Z</i> IP			Chanas	A dadasa a
TITLE		☐ DELET					Change	Addition
NAME OTOGET ACCORD	ne l		62 N/					
STREET ADDRÉ	38		t t	THEET ADDRESS				
CITY - S1 - ZiP			6 4 CI	TY-ST-ZIP				

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

954-966-402