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 # H76374

1. Corporation Name

CALLAHAN ROOFING COMPANY, INC.

(8)

FILED May 08 1997 8:00am Secretary of State



Principal Place of Business 2570 NW 4TH COURT FORT LAUDERDALE FL 33311 US		BAY B-110	FORT LAUDERDALE FL 33311-8627			3. Date Incorporated or Qualified 3a, Date of Last Report 05/01/1996			
2. Principal Place of Business		├ ─┐	2a. Mailing Address			4. FEI Number 59-2581946	Applied For		
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Not Applicable \$8.75 Additional		
City & State			27			6. Election Campaign Financing	Fee Required \$5.00 May Be		
3		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		dded to	
Zip ∭	Country 25	Zip	30	Country	,	This corporation has liability for in Florida Statutes	ntangible tax u Yes		199.032,
24	9. Name and Address of Cur-					10. Name and Address of New Reg			
CA	LLAHAN, TIMOTHY			81	Name				
2570 NW 4TH COURT					82 Street Address (P.O. Box Number is Not Acceptable)				
FT		102	Sileet Addr	eee (1.7), box littimati is not weesbisbi					
				83					
				84	City		85	Zip C	ode
				1	! 1	poration submits this statement for the pu	FL	i .	
SIGNATURE 12. THE	Signature: typed or printed name of registered	agent and title if applicable		nistered Ag 13.		ed when reinstating) ADDITIONS/CHANGES TO OFFICE		CTORS	S IN 12
NAME STREET ADDRESS	2570 NW ATH COURT				T ADDRESS				
CITY-ST-ZIP TITLE			DELETE	1.4 City-1 2.1 Title	31-215			hange	Addition
NAME		_		2.2 NAME			-	-	
STREET ADDRESS					ADDRESS				
CHTY+ST+ZIP				2. 4 CiTY -	i				
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NAME				32 NAME					
STREET ADORESS	; [i	33 STREE	T ADDRESS				
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CITY-ST-ZIP				4.4 CITY-	ST - ZIP				TT
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NAME				5.2 NAME					
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CITY - \$1 - 7/P				5.4 CITY -	ST-ZIP			 	
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	1			6.2 NAME	- 1				
NAME	į.			D.E INVINE	į.				
NAME STREET ADURESS	;				T ADDRESS				

. I do hereby certify that the information supplied with this filing does not quality 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 are an officer or director of the corporation or the receiver or trustee empowaged 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 op an attachment with an adverse.

SIGNATURE

SIGNATURE AND TYPED OR SKINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

954-583-7663 Dayting Phone #