

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J20893

1. Corporation Name

LATITE ROOFING AND SHEET METAL COMPANY, INC.



Principal Place of Business

C/O BERNARD T. MOYLE
999 NW 53 CT. P
FT. LAUDERDALE FL 33309
US

Mailing Address

C/O BERNARD T. MOYLE
ONE FINANCIAL PLAZA, STE 1600
FT. LAUDERDALE FL 33394-1697
US

3. Date Incorporated or Qualified
06/18/1986

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2684819

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

10. Name and Address of New Registered Agent

MOYLE, BERNARD T.
ONE FINANCIAL PLAZA
STE 1600
FT. LAUDERDALE FL 33394-1697

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ENGSKOW, BYRON
STREET ADDRESS 999 NW 53RD CT.
CITY-ST-ZIP FT. LAUDERDALE FL ☒ DELETE

TITLE CD
NAME STRUVE, DAVID C.
STREET ADDRESS 999 NW 53RD CT.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE V
NAME SCHULTE, CHRIS
STREET ADDRESS 999 NW 53RD CT.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE STD
NAME STRUVE, JULIA
STREET ADDRESS 999 NW 53RD CT.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE V
NAME BATZ, PAUL
STREET ADDRESS 999 NW 53RD CT.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE VD
NAME STRUVE, STEVE
STREET ADDRESS 999 N.W. 53RD COURT
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D
1.2 NAME Robt. P. Ite
1.3 STREET ADDRESS 999 NW 53 Ct.
1.4 CITY-ST-ZIP Ft. Lauderdale, FL ☐ Change ☒ Addition

2.1 TITLE V
2.2 NAME Brian Friedman
2.3 STREET ADDRESS 999 NW 53 Ct.
2.4 CITY-ST-ZIP Ft. Lauderdale FL ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)