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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J29802 (2)

1. Corporation Name
ROOF TILE SPECIALISTS, INC.

Principal Place of Business
819 S. FEDERAL HWY.
SUITE 201
STUART FL 34994

Mailing Address
819 S. FEDERAL HWY.
SUITE 201
STUART FL 34994-2952



3. Date Incorporated or Qualified 08/21/1986
3a. Date of Last Report 04/29/1986

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2706214		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input 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		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NASSAR, PAUL D
819 SO. FEDERAL HIGHWAY
SUITE 201
STUART FL 34994

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MICHAEL P	12 NAME	
STREET ADDRESS	819 S. FEDERAL HWY. STE. #201	13 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34994	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSAR, PAUL D	22 NAME	
STREET ADDRESS	819 S. FEDERAL HWY. STE. #201	23 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34994	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KEVIN D	32 NAME	
STREET ADDRESS	819 S. FEDERAL HWY. STE. 201	33 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34994	34 CITY - ST - ZIP	
TITLE	STD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWEMER, AMY	42 NAME	
STREET ADDRESS	819 S. FEDERAL HWY., STE. 201	43 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34994	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: *Paul Nassar* Paul Nassar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/97 (861) 223-0005 x 1222
Date Daytime Phone #

CR2E034 (9/96)