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Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J29802 (2)

1. Corporation Name
ROOF TILE SPECIALISTS, INC. - POMPANO

Principal Place of Business 819 S. FEDERAL HWY. SUITE 201 STUART FL 34994	Mailing Address 819 S. FEDERAL HWY. SUITE 201 STUART FL 34994
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1986

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2706214 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

DOOLIN, CHRISTINE
819 SO. FEDERAL HIGHWAY
SUITE 201
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name	Karen Utz
82 Street Address (P.O. Box Number is Not Acceptable)	819 S. Federal Highway
83	Suite 201
84 City	Stuart
85 Zip Code	FL 34994

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 *Karen M. Utz* Karen M. Utz April 15, 1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	Director
NAME	JOHNSON, MICHAEL P	1.2 NAME	Johnson, Michael P.
STREET ADDRESS	819 S. FEDERAL HWY. STE. #201	1.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34994	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	
NAME	NASSAR, PAUL D	2.2 NAME	
STREET ADDRESS	819 S. FEDERAL HWY. STE. #201	2.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34994	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	JOHNSON, KEVIN D	3.2 NAME	
STREET ADDRESS	819 S. FEDERAL HWY. STE. 201	3.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34994	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	
NAME	ZWEMER, AMY	4.2 NAME	
STREET ADDRESS	819 S. FEDERAL HWY., STE. 201	4.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34994	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Johnson, Terry
STREET ADDRESS		5.3 STREET ADDRESS	819 S. Federal Highway, Ste. 201
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Stuart, FL 34994
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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. Michael Johnson, Director

SIGNATURE: *Michael Johnson* 4/15/98 (501) 223-0005

CR2E034 (10/97)