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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J54546

(3)

ALUMA-TILE ROOFERS, INC.

Principal Place of Husiness Mailing Address 333 FALKENBURG RD. NO. 333 FALKENBURG RD. NO. STE A130 STE A130 TAMPA FL 33619 TAMPA FL 33619-7891).	<u></u>		- !			
THMEN IL SSOIO						3. Date Incorporated or Qualified 01/30/1987		3a. Date of Last Report 05/21/1996	
2. Principal F	Place of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number		Ar	plied For
21	·	26	····			59-2761620			t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired	<u> </u>	\$8.75 / Fee Re	
City & Sta	ite	City & State	h			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Cu	irrent Registered Agent				10. Name and Address of New Re	gistered	Agent	
NAULT, LEON R 5610 9TH ST ZEPHYRHILLS FL 33540				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83					
			1	84	City		FL	85 Zip	Code
11. Pursuant office or agent. La	registered agent, or both, in the sam familiar with, and accept the c	State of Florida. Such change was obligations of, Section 607.0505, F	rtes, the abo authorized lorida Statu	ove by ites	named corp the corporati	oration submits this statement for the pon's board of directors. I hereby accept	urpose out the app	of changing it pointment as	s registered registered
	apparate typed or printed partie of register	of agent and title if applicable (NO	TE: Registered	Ager	t signature require	ed when reinstaling)	DATE	····	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
TITLE	P	DELETE	1.1 TITL		}			Change	Addition
NAME	NAULT, LEON RICHARD		1,2 NAN						
STREET ADDRESS					ADDRESS			,	
CITY ST-7IP	ZEPHYRHILLS FL	DELETE	1.4 CIT		-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
TITEF		T DEFEIF	217171						L.J AUGILIOI
NAME			2.2 NAN	ME	- 1	1.4			

NAME

STREET ADDRESS

CRIY-SI-7/P

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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

5.4 CITY-ST-ZIP

2.3 STREET ADDRESS
2. 4 CITY - ST - ZIP

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 City - St - Zip

3.1 TITLE

3.2 NAME

41 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

DELETE

DELETE

DELETE

DELETE

SIGNATURE:

appears in Block 12 or Block 13

STREET ADDRESS

STREET ADDRESS

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CITY: ST-ZIF

STREET ADDRESS

CITY-ST-ZiP

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THE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97

813-685-2485

Change

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FILED

Apr 24 1997 8:00am

Secretary of State

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