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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J85801 (5)  
1. Corporation Name  
ROMAN WATERPROOFING AND RESTORATION SYSTEMS, INC



Principal Place of Business 2875 NE 191ST STREET SUITE 803 AVENTURA FL 33180 US	Mailing Address 2875 NE 191ST STREET SUITE 803 AVENTURA FL 33180-2833 US
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3. Date Incorporated or Qualified 07/30/1987	3a. Date of Last Report 05/31/1996
4. FEI Number 65-0032959	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3400 S.W. 26 <sup>TH</sup> TERRACE Suite, Apt. #, etc. 22 City & State 23 FORT LAUDERDALE FL Zip Country 24 33312	2a. Mailing Address 26 3400 S.W. 26 <sup>TH</sup> TERRACE Suite, Apt. #, etc. 27 City & State 28 FORT LAUDERDALE FL Zip Country 29 33312 30
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9. Name and Address of Current Registered Agent

HIMMEL, JOANNE C.  
7511 W. UPPER RIDGE DR.  
PARKLAND FL 33087

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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:  President 4/24/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	HIMMEL, JOANNE C.		
	7511 W. UPPER RIDGE DR.	1.3 STREET ADDRESS	
	PARKLAND FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
TITLE	NAME	3.1 TITLE	3.2 NAME
TITLE	NAME	4.1 TITLE	4.2 NAME
TITLE	NAME	5.1 TITLE	5.2 NAME
TITLE	NAME	6.1 TITLE	6.2 NAME

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:  President 4/24/97 (954) 797-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOANNE C. HIMMEL DATE DAYTIME PHONE #

CR2E034 (9/96)