


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

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Apr 20, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J85801</b>			
1. Corporation Name <b>ROMAN WATERPROOFING AND RESTORATION SYSTEMS, INC</b>			
Principal Place of Business <b>3400 SW 26TH TERRACE FT LAUDERDALE FL 33312 US</b>		Mailing Address <b>3400 SW 26TH TERRACE FT LAUDERDALE FL 33312 US</b>	
2. Principal Place of Business 21 <b>6090 NW 66TH AVENUE</b> Suite, Apt. #, etc. 22 City & State 23 <b>PARKLAND FL</b> Zip 24 <b>33067</b>		2a. Mailing Address 26 <b>6090 NW 66TH AVENUE</b> Suite, Apt. #, etc. 27 City & State 28 <b>PARKLAND FL</b> Zip 29 <b>33067</b> 30 <b>BROWARD</b>	
9. Name and Address of Current Registered Agent <b>HIMMEL, JOANNE C. 7511 W. UPPER RIDGE DR. 6090 NW 66TH AVE PARKLAND FL 33067</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>6090 NW 66TH AVENUE</b> 83 84 City <b>PARKLAND</b> FL 85 Zip Code <b>33067</b>	
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 reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HIMMEL, JOANNE C. 7511 W. UPPER RIDGE DR. PARKLAND FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD JOANNE C HIMMEL 6090 NW 66TH AVENUE PARKLAND FL 33067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)