FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **K12220** **(5)**

1. Corporation Name
OLIVE BROTHERS ROOFING, INC.

Principal Place of Business
6525 SW 110 AVE
MIAMI FL 33173
US

Mailing Address
6525 SW 110 AVE
MIAMI FL 33173
US

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
01/15/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0065389
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation is liable for intangible tax under s. 199.032 Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
OLIVE, DANIEL L.
6525 SW 110 AVE
MIAMI FL 33173

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 Section 607.0505 or 617.0505, 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 corporate entity named herein. The corporate entity named herein does hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OLIVE, DANIEL L.
STREET ADDRESS	6525 S.W. 110TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	OLIVE, PATRICIA L.
STREET ADDRESS	6525 SW 110 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TITLE	
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

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14. I do hereby certify that the information supplied within this report, to the best of my knowledge, is true, accurate and complete. I further certify that the information indicated on this annual report or supplemental annual report is true, accurate and that this 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 is entered in Block 13 if a change is being made.

SIGNATURE: 3-25-96 305-261-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

3-30-96