

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

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90084 017 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K25731

1. Corporation Name  
BEST ROOFING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3211 PONCE DE LEON BLVD  
SUITE 200  
CORAL GABLES FL 33123  
US

Mailing Address  
3211 PONCE DE LEON BLVD  
SUITE 200  
CORAL GABLES FL 33134  
US

3. Date Incorporated or Qualified  
06/03/1988

2. Principal Place of Business  
21 3261 N.W. 3 AVE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 SAME  
Suite, Apt. #, etc.

4. FEI Number  
65-0120463

Applied For  
Not Applicable

22 City & State  
23 OAKLAND PARK, FL  
Zip Country  
24 33309 25 USA

27 City & State  
28  
Zip Country  
29 30

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERN, RONALD K.  
3211 PONCE DE LEON BLVD  
SUITE 200  
CORAL GABLES FL 33134

81 Name  
SHELBY PALMER  
82 Street Address (P.O. Box Number is Not Acceptable)  
3261 N.W. 3 AVE  
83  
84 City  
OAKLAND PARK FL 85 Zip Code  
33309

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 *SHELBY PALMER* SHELBY PALMER 2/10/99  
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, J. PAUL	1.2 NAME	
STREET ADDRESS	3261 NW 3 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, SHELBY	2.2 NAME	
STREET ADDRESS	3261 NW 3 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *SHELBY J. PALMER* SHELBY J. PALMER 2/10/99 954-565-1143  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)