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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

EXPERT ROOF REPAIR, INC.

## **FILED** Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
2261 NE 191 NORTH MIAN			2261 NE 191ST ST NORTH MIAMI FL 33180				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
9 Dissipal D	lone of Duninger	I Sa Maillea A	Se Mailles Address				10/24/1989
	lace of Business		2a. Mailing Address				4. FEI Number Applied For Not Applied For Not Applicable
Suite, Apt.	#. elc.	[26] Suite, Ant	Suite, Apt. #, etc.				SR 75 Additional
22		27	27				6. Certificate of Status Desired Fee Required
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country		Zip Country				This corporation owes or has paid the current year Intangible
24	, <b>h</b> , ' hm '		[0]			Personal Property Tax due June 30. Yes Y No	
		of Current Registered Age					10. Name and Address of New Registered Agent
ROHE, JEFF					B1	Name	
	61 NE 191ST ST		82 Street			Street Addr	ess (P.O. Box Number is Not Acceptable)
NC	ORTH MIAMI FL 33180		83				
				Ē	84	City	85 Zip Code
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 lists if applicable (NOTE Ringistered Agent signature required when relinstating)  DATE							
12.		ICERS AND DIRECTORS	(4011	13.	- Veil	ii eigrenore requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE		DELETE	1.1 TITLE			Change Addition
NAME	rohe, jeff			1.2 NAX	AΕ		
STREET ADDRESS	2261 NE 191ST ST			1.3 STR	EET A	address	
CITY-ST-ZIP	N MIAMI FL			1.4 CITY	r-St	- ZIP	
TITLE		L	DELETE 2.1 TI				☐ Change ☐ Addition
NAME				2.2 NAN	ΛE		
STREET ADDRESS						ADDRESS	. ^
CITY-ST-ZIP			DELETE	2. 4 CIT		1 - ZIP	Change Addition
TITLE		L	OLLETE	3.1 TITL		ľ	
NAME CTREET ADORESS				3.2 NAA		ADDDECC.	
STREET ADORESS CITY+ST-ZIP				3.3 SIR 3.4. CIT		ADDRESS	
TITLE			DELETE	4.1 TITL	*****	- 211	☐ Change ☐ Addition
NAME				4 2 NAI			_ • •
STREET ADDRESS				1		ADDRESS :	
CITY-ST-ZIP				4.4 CITY	r-st	- ZIP	
TITLE			DELETE	5.1 TITL	.E		Change Addition
NAME				5.2 NAM	AE.		
STREET ADDRESS				5.3 STR	EE1 A	address	
CITY-S1-ZIP		· · · · · · · · · · · · · · · · · · ·		5.4 CITY		- ZIP	
TITLE			DELETE	6.1 TITL			Change Addition
NAME	l			6.2 NAM			
STREET ADDRESS						ADDRESS	· ·
CITY-ST-ZIP			-115 - 7	6.4 CITY			Design 140 07/0V/1 First Court of Fi
14. I hereby o	pering that the Information s	supplied with this filing does i	or qualify for	the exer	npti	ion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information

rate and that my signature shall have the same legal effect as it made under oath; that I am ar xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

3059321217