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)

FILED
Feb 23 1998 8:00am
Secretary of State

PDF RO	OOFING CONCEPTS, INC.					
Principal Piace	e of Business	Mailing Address			- I CONTRACT DET DENNET BEIDE GARAN DENNET ARKEL RING	i eibis grași dibii dibil #1011 (eal
6208 E 17TH ST 6208 E 17TH ST BRADENTON FL 34203 US US					DO NOT WRITE IN 1	HIS SPACE
					3. Date Incorporated or Qualified]
					01/29/1990	
2. Principal Place of Business 2a, Mailing Address					4. FEI Number	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0168334	Not Applicable \$8.75 Additional
22					5. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution		
Zip	Country	Zip	Country	,	8. This corporation owes or has paid th	e current year Intangible
24	25		30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	red Agent
FUF	rr, paul d		81	Name		
6208 E 17TH ST				Street Addr	ess (P.O. Box Number is Not Acceptable)	
BRA	ADENTON FL 34203					
			63			İ
			84	City		85 Zip Code
						FL S E S S S S S S S S
11. Pursuant t	to the provisions of Sections 607.050 poistered agent, or both, in the State	/2 and 607.1508, Florida Statute of Florida, Such change was a	s, the above uthorized by	e-named corp the corporati	oration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statutes).		
SIGNATURE						
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: ID DIRECTORS	: Registered Age	int signature require	ed when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS	ATE AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		ADDITIONS/CHAINGES TO OFFICE RE	Change Addition
NAME	FURR, PAUL D	<u> </u>	1.2 NAME			
STREET ADDRESS	7756 EAGLE CREEK DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-S			
TITLE	VĪ	☐ DELET E	2.1 TITLE	· -"	····	☐ Change ☐ Addition
NAME	LANGER, ERIC		2.2 NAME			
STREET ADDRESS	136 GOLDEN GATE POINT, A	VPT. #8	2.3 STREET	ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY - 9	ST-ZIP		
TITLE	· · · ·	DELETE 3.1				Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STAEET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - S	ST-ZIP		
TITLE		☐ DELET E	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T- ZIP		
TITLE		☐ DEL€TE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		······································	5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
City-St-ZIP			64 CITY-ST	T-71P]

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 people 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 any attachment with an address.

7-13-98