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 #

M05628

(6)

FILED Apr 16 1998 8:00am Secretary of State

	poration Hame	RISES ROOFING DIVISION,	INC.				
Princi	pal Place of Business	Mailing Address			4	OTOTA UTOTA OTOTA OTOTA OT	iii ii ii
2458 OKLAHOMA STREET 2458 OKLAHOMA STREET WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	N ITIO OF ACL	
o Dei	ncipal Place of Business	Place of Business 2a, Mailing Address			09/25/1984 4. FEI Number	T 1. ii	
21	ricipal riace of business	28, Walling Addr	ing Address		59-2447994	 	ed For pplicable
	ite, Apt. #, etc.		Suite, Apt. #, etc.			60.75	<u></u>
22	•	27	27		5. Certificate of Status Desired	Fee Requi	
	y & State	City & State	City & State		6. Election Campaign Financing	\$5.00 Ma	v Be
23		28			Trust Fund Contribution	Added to F	
Zip	Country		Coun	try	8. This corporation owes or has paid the current year Intangible		
24	25				Personal Properly Tax due June 30. Yes No		
		Iress of Current Registered Agent		Name	10. Name and Address of New Reg	Istered Agent	
	RICE, JOHN THOMAS		ľ	inanie			
2458 OKLAHOMA ST.			1	Street Addr	ess (P.O. Box Number is Not Acceptable	9)	
WEST PALM BEACH FL 33406			ļ.	13			
			[`	"3			
			1	14 City		FL 85 Zip Coo	le
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida				wo named core	pration submits this statement for the pu		gistored
0	fice or registered agent, or bo	oth, in the State of Florida Such chan	ge was authorized	by the corporati	ion's board of directors. I hereby accept	the appointment as reg	istered
a;	gent. I am tamiliar with, and a	ccept the obligations of, Section 607.	0505, Florida Statu	les.			
SIGN	Signature, typed or printed na	ame of registered agent and title if applicable.	(NOTE: Required	Agent signature require	ed when reinstating)	DATE	
12. OFFICERS AND DIRECTORS			13.	- Jan Carlo	ADDITIONS/CHANGES TO OFFICE		V 12
TITLE	STD DELETE 1.		LETE 1.1 TITL			Change	Addition
NAME RICE, CHRISTINE		E E.	1.2 NAME				İ
STREET ADDRESS 2458 OKLAHOMA ST.			1.3 STREET ADDRESS				
CITY-ST				-ST-ZIP			
TITLE	PD	DE	LETE 21 TITL	E		Change	Addition
NAME	RICE, JOHN TH		2.2 NAM	E			
STREET ADDRESS 2458 OKLAHOMA ST.			2.3 STREET ADDRESS			363	l
CITY-ST-ZIP W. PALM BCH. FL			2. 4 CITY-ST-ZIP				
TITLE		L.] DE				L Change L	_} Addition
NAME			3.2 NAV				
STREET ADDRESS			ET ADDRESS				
CITY-ST	- ZIP	DE		r-ST-ZIP		Change	Addition
TITLE NAME							_ Audition
			4.2 NAME				
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP				
TITLE					· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2 NAM			- 0.m.go L	
STREET A	ADDRESS .			ET ADDRESS			
CITY-ST	1			-SI-ZIP			1
TITLE		DE				Change	Addition
NAME			6.2 NAM	E			-
STREET	NDORESS		6 3 STA	ET AODRESS			ļ
CITY-ST-ZIP 6				-ST-ZIP			
		tion supplied with this filing does not			Section 119.07(3)(i). Florida Statutes, I fu	orther certify that the info	ormation

4. 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 is frue and accurate and that my signature shall have the same logal 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 chapter or on an attachment with an address.

SIGNATURE PARTIES TO THE

4/10/98 (41)/186-4137

CR2E034 (10/97