

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

FILED  
Aug 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M41668  
1. Corporation Name  
ALL ROOF SERVICES, INC.

Principal Place of Business 4575 Curtis Ave. Lake Worth, Fl. 33463 US	Mailing Address 689 N.E. 6th Ct. 405 P.O. Box 309 Boynton Beach, Fl. 33425-7309
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*Amended*

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/14/1986	3a. Date of Last Report 01/08/97	4. FEI Number 59-2735447	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMALLMAN, ERNEST  
689 N.E. 6th Ct. Unit 405  
Boynton Beach, Fla. 33435

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 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/V/S/T/D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLMAN, ERNEST J.	1.2 NAME	SMALLMAN, ERNEST J.
STREET ADDRESS	689 N.E. 6th Ct. 405	1.3 STREET ADDRESS	689 N.E. 6th Ct. 405
CITY-ST-ZIP	Boynton Beach, Fla. 33435	1.4 CITY-ST-ZIP	Boynton Beach, Fla. 33435
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DURAN, BERNARDO
STREET ADDRESS		2.3 STREET ADDRESS	8400 S.W. 5th Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Fla. 33144
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JACKSON, DAVID
STREET ADDRESS		3.3 STREET ADDRESS	1108 W. Perry St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lantana, Fla. 33462
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 do 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, changed, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_

DAVID R. JACKSON S/T

August 4, 1997 (561) 734-1326

Date Daytime Phone #

CR2E034 (9/96)