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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90071 043 ***158.75

DOCUMENT #	M42084
Corporation Name	141 1200 1

S.E. FLA. ADVANCED ROOFING CORP.

Puncipal Pince of Business Mailing Address 1880 NN 290 AVE 1890 NN 290 AVE 172/1/986 2.0	O-E- 1 E	, ,	oru .							
SUITE 113 WAME PT, 201599 US 2. Principal Place of Businesis 2. Suite, Apt. #, etc. 3. Suit	Principal Place	e of Business	Mailing Address				1 10019011 111 01010	11681 46101 (1111 616) 6161	#1#11 #1#11 #1#11	81811 61511 1681
MAM FL 30189 MAM FL 30189 MAM FL 30189 US 3. Date Incorporated or Qualifed 11/21/1986 2. Principal Place or Business 2. Amiling Address 2. Amiling Address 2. Amiling Address 3. Date Incorporated or Qualifed 11/21/1986 4. FET Murber 3. Date Incorporated or Qualifed 11/21/1986 4. FET Murber 3. Sunto, Apt # otc. 2. Cly & State City & Stat	18800 NW 2ND	AVE ·	18800 NW 2ND AVE				Mr.			
US 1. Data incorporated or Qualified 11/2 // 1986 2. Principal Place of Business 2. Amiling Address 3. Carl Marthur 2. Suite, Apt. #, etc. 3. Carditate of Status Desired 3. City & State 4. City & State 4. City & State 4. City & State 5. Name and Address of Current Registered Agent 5. Name and Address of Current Registered Agent 5. Name and Address of New Registered Agent 6. City FL 85 Zp Code 6. City FL 85 Zp Cp		•	• • • • • • • • • • • • • • • • • • • •					NOT WOLTE IN THE		
1/2/11/986										
2. Manuface of Business 2. 2. Manuface Address 2. 2. 2. 3. 3. 3. 3. 3.	03		03				J ••	Quameu		
Suite, Apt. #, otc.	a Principal P	face of Business	2. Mailing Address						Τ Δι	onlied For
Suite Apt #, etc. Suite Apt #, etc. Suite Apt #, etc. Solid		iace of business					\			
City & State		# etc					352143100			
City & State 23			, 				5. Certifcate of Status	Desired X	•	
Zig		 e					s Election Campaign i	-inancing -	\$5.00	May Re
Zip Country Zip Country 2p Country 8, This corporation where the current year Intenglible Personal Property Tax 50 Yes No	- , '		<u> </u>				1 **	- 11		
25	Zip	Country		Cour	ntry		This corporation owe	s the current year Ir	tangible	
CULLETON, JAMES 18800 NW 2ND AVE SUITE 113 MIAMI FL 33169 84 City FL 85 Zip code office or replatered 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 registared agent, and accept the billipsions of, Section 607,055, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the billipsions of, Section 607,055, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE P CULLETON, JAMES 18800 NW 2ND AVE \$113 13. SIRRETADORESS CITY-51-7/P CASTIGLIONE, DENNIS 12 AMAE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-51-7/P CASTIGLIONE, DENNIS 12 AMAE 13. STREET ADDRESS CITY-51-7/P AMAMI FL STEEL ADDRESS CITY-51-7/P HIALEAH FL DELETE 17 TITLE V CASTIGLIONE, DENNIS 18800 NW 2ND AVE \$113 33. STREET ADDRESS CITY-51-7/P HIALEAH FL DELETE 17 TITLE V CASTIGLIONE, DENNIS 18800 NW 2ND AVE \$113 33. STREET ADDRESS CITY-51-7/P HIALEAH FL DELETE 17 TITLE V CASTIGLIONE, DENNIS 18800 NW 2ND AVE \$113 33. STREET ADDRESS CITY-51-7/P HIALEAH FL DELETE 57 TITLE CASTIGLIONE, DENNIS 18800 NW 2ND AVE \$113 33. STREET ADDRESS CITY-51-7/P HIALEAH FL DELETE 57 TITLE Change Change Addition MIAMI FL DELETE 57 TITLE Change Change Addition MIAMI FL DELETE 57 TITLE Change Additio		25	29	30			1 **			∏No
CULLETON, JAMES 18800 NW 2ND AVE SUITE 113 MIAMI FL 33169 84 City FL 65 Zip Code 64 City FL 65 Zip Code 64 City FL 65 Zip Code 65 Zip Code 66 City FL 65 Zip Code 66 City FL 65 Zip Code 67 City FL 65 Zip Code 68 City FL 65 Zip Code 69 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statisment for the purpose of changing tils 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, and accept the obligations of, Sections Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME CULLETON, JAMES 12. NAME CULLETON, JAMES 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ATTY ST. Zip CULLETON, JAMES 15. TITLE CASTIGLIONE, DENNIS 15. NAME STREET ADDRESS CITY-ST. Zip CASTIGLIONE, DENNIS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 22. NAME 14. ATTY ST. Zip CASTIGLIONE, DENNIS 15. TITLE CASTIGLIONE, DENNIS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 22. NAME 15. TITLE CASTIGLIONE, DENNIS 15. TITLE CASTIGLIONE, DENNIS 15. TITLE CASTIGLIONE, DENNIS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 22. NAME 15. TITLE CASTIGLIONE, DENNIS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 22. NAME 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. TITLE CASTIGLIONE, DENNIS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 29. TITLE CASTIGLION AND THE ADDITIONS/CHANGES IN 12. 20. TITLE CASTIGLION AND THE ADDITIONS/CHANGES IN 12. 21. TITLE CASTIGLION									Agent	
18800 NW 2ND AVE SUITE 113 83					81	Name				
R85UN WY ZIV AVE SUITE 113 MIAMI FL 33169 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sentons 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing tits 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, 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, 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, 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, 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. SIGNATURE 12.	CUL	LETON, JAMES		ĺ	92	Ctroat Ad	Irona (D.O. Pay Myrahas in M	ot Acceptable)	· · · · · · · · ·	·
MIAMI FL 33169 64 City FL 55 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this Statefrient for the purpose of changing its 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, 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, or both, in the State of Florida Statutes. SIGNATURE Signature, spond or printed rame of registered agent and fair a spatiable. (NOTE: Registered Agent agenture required when reproblem?) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CULLETION, JAMES 18800 NW 2ND AVE #113 13. STREET ALDRESS 18800 NW 2ND AVE #113 13. STREET ALDRESS 18800 NW 2ND AVE #113 13. STREET ALDRESS 14. CITY. ST. ZP MIAMI FL 14. CITY. ST. ZP 15. TITLE CASTIGLIONE, DENNIS 15. STREET ALDRESS 17689 N.W. 78TH AVE. 22. STREET ALDRESS 17689 N.W. 78TH AVE. 23. STREET ALDRESS 17689 N.W. 78TH AVE. 24. CITY. ST. ZP TITLE V				{	02	Stieet Ad	iless (F.O. Dox Number is N	ot Acceptable)		
### 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 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, or both, in the State of Florida. Statutes agent, I am familiar with, and accept the obligations of, Section 807.8505, Florida Statutes SIGNATURE Signature, typed or protest summa of required agent and file if applicable. (NOTE: Registered Agent agenture required when remarking) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE Change Addition Addition NAME CULLETON, JAMES 13 STREET ADDRESS 18800 NW 2ND AVE #113 13 STREET ADDRESS 18800 NW 2ND AVE #113 13 STREET ADDRESS 17889 N.W. 78TH AVE. 23 STREET ADDRESS 17889 N.W. 78TH AVE. 23 STREET ADDRESS 17889 N.W. 78TH AVE. 23 STREET ADDRESS 17890 N.W. 78TH AVE. 24 STREET ADDRESS 17890 N.W. 78TH AVE. 24 STREET ADDRESS 17890 N.W. 78TH AVE. 24 STREET ADDRESS 17890 N.W. 2ND AVE #113 33 STREET ADDRESS 17890 N.W. 2ND AVE #113 34 ACTIVISE Change Addition 18800 NW 2ND AVE #113 34 ACTIVISE 18800 NW 2ND AVE #113 34 ACTIVISE 18800 NW 2ND AVE #113 34 ACTIVISE 18800 NW 2ND AVE #113 35 STREET ADDRESS 17900 Change Addition 18800 NW 2ND AVE #113 35 STREET ADDRESS 17900 Change Addition 18800 NW 2ND AVE #113 35 STREET ADDRESS 17900 Change Addition 18800 NW 2ND AVE #113 35 STREET ADDRESS 17900 Change Addition 18800 NW 2ND AVE #113 36 STREET ADDRESS 17900 Change Addition 18800 NW 2ND AVE #113 36 STREET ADDRESS 17900 Change Addition 18800 NW 2ND AVE #113 36 STREET ADDRESS 17900 Change Addition 18800 NW 2ND AVE #113 36 STREET ADDRESS 17900 Change Addition 18800 NW 2ND AVE #113 36 STREET ADDRESS 179	SUITE 113		ļ	83					": ":::::	
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—agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE	MIAN	M FL 33169		ļ					100 000	2 4 2 3
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, and accept the obligations of, section 607.0505. Florida Statutes. SIGNATURE 12.				}	84	City		FI	_ [85] Zip	Code
12.	office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized da Statu	by th tes.	e corpora	ion's board of directors. I he	reby accept the appo	intment as re	egistered
TITLE	40				Agent s	agnature requ			ND DIDECTO	NDC (N) 42
NAME CULLETON, JAMES 12 NAME 13 STREET ADDRESS 18800 NW 2ND AVE #113 13 STREET ADDRESS 14 CITY-ST-ZIP TITLE ST			 	_		— Т	ADDITIONS/CHANG	25 TO OFFICERS A		
STREET ADDRESS 18800 NW 2ND AVE #113 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		•	2 02272	1		[·	_ •	
CITY-ST-ZIP MIAMI FL 14 CITY-ST-ZIP TITLE ST □ DELETE 2.1 TITLE □ Change □ Addition STRECT ADDRESS 17689 N.W. 78TH AVE. 2.3 STRECT ADDRESS □ Change □ Addition CITY-ST-ZIP HIALEAH FL □ Change □ Addition NAME HEARON, JOHN 3.2 STRECT ADDRESS □ Change □ Addition STRECT ADDRESS 18800 NW 2ND AVE #113 3.3 STRECT ADDRESS □ Change □ Addition TITLE □ DELETE 4.1 TITLE □ Change □ Addition NAME 4.2 NAME □ Change □ Addition STRECT ADDRESS □ DELETE □ LETE □ Change □ Addition NAME 5.3 STRECT ADDRESS □ Change □ Addition STREET ADDRESS □ STREET ADDRESS □ Change □ Addition CITY-ST-ZIP □ Change □ Addition NAME □ STREET ADDRESS □ Change □ Addition STREET ADDRESS □ Change □ Addition CITY-ST-ZIP □ Change □ Addition<	ĵ					DDDree i	•	•	• •	
TITLE ST DELETE 2.1 TITLE Change □ Addition NAME CASTIGLIONE, DENNIS 22 NAME)		• •		. ,
NAME CASTIGLIONE, DENNIS 17689 N.W. 78TH AVE. 23 STREET ADDRESS 17689 N.W. 78TH AVE. 23 STREET ADDRESS 17689 N.W. 78TH AVE. 24 CITY-ST-ZIP 17TLE Change Addition 18800 NW 2ND AVE #113 33 STREET ADDRESS 17TLE Change Addition 18800 NW 2ND AVE #113 34 CITY-ST-ZIP 17TLE Change Addition 18800 NW 2ND AVE #113 34 CITY-ST-ZIP 17TLE Addition 18800 NW 2ND AVE #113 34 CITY-ST-ZIP 18800 NW 2ND AVE #113 35 STREET ADDRESS 18800 NW 2ND AVE #113 18			□ ne(ete			<u> </u>				
17689 N.W. 78TH AVE. 23 STREET ADDRESS		_ •						1 , T1		<i>'</i>
CITY-ST-ZIP HIALEAH FL 2.4 CITY-ST-ZIP TITLE V □ DELETE 3.1 TITLE □ Change □ Addition NAME HEARON, JOHN 32 NAME □ CHANGE □ CHANGE □ CHANGE □ CHANGE □ CHANGE □ CHANGE □ Addition □ Addition □ Addition □ Addition □ Change □ Addition □ Addition □ Addition □ Addition □ Change □ Addition □ Addition </td <td>ſ</td> <td>-</td> <td></td> <td colspan="2"></td> <td>ODOCCC</td> <td></td> <td>-</td> <td></td> <td></td>	ſ	-				ODOCCC		-		
TITLE V DELETE 31 TITLE Change Addition NAME HEARON, JOHN 32 NAME						- 1		- ' - ' -	,, ,, ,	/1 }
NAME			□ DELETE			ZIP			☐ Change	- ☐ Addition
STREET ADDRESS 18800 NW 2ND AVE #113 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP MIAMI FL		•	C 54-214			Ì	:			
CITY-ST-ZIP MIAMI FL 34. CITY-ST-ZIP 1TITLE Change Addition				•		DDDEEG				
TITLE	· }			ł		- 1		•		1
A 2 NAME		WINDOWN I C	□ DELETE			<u> </u>				
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 ITITLE Change Addition A						1				
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE Change Addition NAME 6.1 TITLE NAME 6.2 NAME						MDESS				į
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS S.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME 6.1 TITLE Change Addition	1			•		ł				i
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY- ST- ZIP 5.4 CITY- ST- ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME						_IF				
STREET ADDRESS 5.3 STREET ADDRESS CITY- ST-ZIP 5.4 CITY- ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME			∏ DELETE					 	☐ Change	Addition
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME	NAME		☐ DELETE	5.1 1170	E				Change	Addition
TITLE G.1 TITLE G.1 TITLE G.2 NAME 6.2 NAME			☐ DELETE	5.1 T(T) 5.2 NAI	LE VIE	DDRESS			Change	Addition
NAME 6.2 NAME	STREET ADDRESS		[] DELETE	5.1 7170 5.2 NAI 5.3 STF	LE ME REET AL	J			☐ Change	☐ Addition
A A APPENDANCE	STREET ADDRESS CITY-ST-ZIP			5.1 fitt 5.2 nai 5.3 stf 5.4 cit	LE ME REET AL Y-ST-Z	J				
DIRECT MUDICIPAL TO CONTROL OF THE C	STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TITO 5.2 NAI 5.3 STF 5.4 CIT	LE ME REET AI Y-ST-Z	J				
CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TITE 5.2 NAT 5.3 STF 5.4 CIT 6.1 TITE 6.2 NAT	LE ME REET AL Y-ST-Z LE	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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

(305) 652-6900 Daytine Priore # AN AMERICA