

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

FILED

Apr 28 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 # 1. Corporation Name	M43271 Southeast Roofing Contractors Inc.
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Principal Place of Business	Mailing Address
9319 West Sample Rd Coral Springs FL #201 33065	P.O. Box 196 Angel Fire NM 87210

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 1986	3a. Date of Last Report 1996
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$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
H.E. Green 9319 W. Sample Rd #201 Coral Springs FL 33065

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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: _____ (NOTE: Registered Agent signature required when revisiting) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY- ST- ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY- ST- ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY- ST- ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY- ST- ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY- ST- ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY- ST- ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY- ST- ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY- ST- ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY- ST- ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	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 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 1-954-2552135
Date Daytime Phone

CR2E034 (9/96)