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 # M88466

(1)

FLORIDA ROOFING OF PALM BEACH COUNTY, INC.

Principal Place of Business Mailing Address 5871 LAUREL GREEN CIRCLE P.O. BOX 18048 **BOYNTON BEACH FL 33437** WEST PALM BEACH FL 33416 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/06/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0064464 Not Applicable 21 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MANIKAS, WILLIAM 639 EAST OCEAN AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 307 83 **BOYNTON BEACH FL 33435** 84 City 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 Signature, typed or protect name of registered agent and little d applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE 1.1 TITLE Change Addition TITLE NAME LANDIS, MARK 1.2 NAME **5871 LAUREL GREEN CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITEF NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE

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 13 if changing or on an attacting of with an address.

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

OLONIATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Wall have by

Many Tlause Andre 4/20/40 571022070

Change

Addition

FILED

May 12 1998 8:00am

Secretary of State