FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:25

DOCUMENT # N37561 (0)

1. Corporation Name

BROWARD ROOFING CONTRACTORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3389 SHERIDAN ST. #132 HOLLYWOOD FL 33021 US	3389 SHERIDAN ST #132 HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1990
3a. Date of Last Report: 03/03/1994
4. FEI Number: 65-0190398 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

O'GORMAN, KATHLEEN
3515 EMERALD OAKS DR.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 Kathleen O'Gorman Kathleen O'Gorman 2/9/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	FLETT, JIM	1.2 NAME	WILLIAM CONE	
STREET ADDRESS	2020 THOMAS ST.	1.3 STREET ADDRESS	2760 N.W. 56CT	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL.	
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	O'GORMAN, KATHLEEN	2.2 NAME		
STREET ADDRESS	3515 EMERALD OAKS DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DRAKE, JIM	3.2 NAME		
STREET ADDRESS	1901 NW 23RD ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	TRAINER, THOMAS	4.2 NAME	ROBERT ETHRIDGE	
STREET ADDRESS	3120-A NW 16TH TERRACE	4.3 STREET ADDRESS	2018 SHERMAN ST	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	HOLLYWOOD, FL.	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DUSKIN, MICHAEL	5.2 NAME		
STREET ADDRESS	K942 NW 56TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WALDREP, GARY	6.2 NAME		
STREET ADDRESS	7000 SW 21 PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen O'Gorman KATHLEEN O'GORMAN 2/9/95 305-989-0081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030150