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FILED

Jan 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33021-3606  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
04/10/1990

3a. Date of Last Report  
02/14/1996

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
CONE, WILLIAM  
STREET ADDRESS  
2760 NW 55 CT  
CITY-ST-ZIP  
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
O'GORMAN, KATHLEEN  
STREET ADDRESS  
3515 EMERALD OAKS DR.  
CITY-ST-ZIP  
HOLLYWOOD FL

TITLE ☐ DELETE

NAME  
DUSKIN, RICHARD  
STREET ADDRESS  
942 NW 56TH STREET  
CITY-ST-ZIP  
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
HASHAGEN, TIM  
STREET ADDRESS  
5550 NW 12TH AVENUE  
CITY-ST-ZIP  
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
DUSKIN, MICHAEL  
STREET ADDRESS  
942 NW 56TH STREET  
CITY-ST-ZIP  
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
WALDREP, GARY  
STREET ADDRESS  
7000 SW 21 PLACE  
CITY-ST-ZIP  
DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR

RICHARD SILBERMAN  
5550 NW 12TH AVENUE  
FT. LAUDERDALE

PRESIDENT

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 617, 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

Date

Daytime Phone # 0021479

CR2E037 (9/96)