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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90042 048 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N37561

1. Corporation Name

BROWARD ROOFING CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

3389 SHERIDAN ST.
#132
HOLLYWOOD FL 33021
US

Mailing Address

3389 SHERIDAN ST
#132
HOLLYWOOD FL 33021
US



| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 04/10/1990 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0190398 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Trust Fund Contribution | |
| 24 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

O'GORMAN, KATHLEEN
3389 SHERIDAN STREET #132
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 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

OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CONE, WILLIAM | |
| STREET ADDRESS | 2760 NW 55 CT | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | O'GORMAN, KATHLEEN | |
| STREET ADDRESS | 3389 SHERIDAN STREET #132 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | |
| TITLE | BE | <input type="checkbox"/> DELETE |
| NAME | FLETT, JAMES | |
| STREET ADDRESS | 2020 THOMAS STREET | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DUSKIN, MICHAEL | |
| STREET ADDRESS | 942 NW 56TH STREET | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | B | <input type="checkbox"/> DELETE |
| NAME | WALDREP, GARY | |
| STREET ADDRESS | 7000 SW 21 PLACE | |
| CITY-ST-ZIP | DAVE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Katherine Harris
PRES.

1-19-99

Date

954 923 5100

Daytime Phone #

CR2F037 (1/98)