,以E NOW: FILING FEE AFTER MAY 1 IS \$225.00															
	PROFIT CORPORATION ANNUAL REPORT					FLORIDA DEPARTMENT (Sandha B. Morthar			OF STATE		FILED)			
		1996				DIVISION O	Mary of State		ONS		97 APR 28	M 10: 1	Τ,		
DOCUMENT # P37543 1. Corporation Name - COMMERCIAL ROOF SCANNING, IN						(6)					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
L				aranaa,		Dillion Address									
Principal Place of Business 2245 ROSWELL ROAD. SUITE #00 MARIETTA GA 30062						Mailing Address 3901 NosWell ROAD. Suite 200 MARIET GA 30062 P.O. Bex 5333				1	REINSTATEMENT 910-97				
ļ					-1		LIGHTHS.	ጾ ነ የቱ ,	Fl. 3306	4	Date Incorporated or Qualified 02/17/1992		e of Last Re 05/31/19	95	
2. 21	Principal Pla	ice of Business Roswey	- 7au. 7	1200	2a.	Mailing Address 2		\mathcal{A}	- Daniel	Un:	I, FEI Number 58-1964206			Applied For Vot Applicable	
22	Suite, Apt. 1	#, etc.			27	Sulte, Apt. #, etc.	PO	30	× 5883		5. Certificate of Status Desired	×	\$8.75	Additional Required	
23	Gily & State		WA		28	City & State CIA	HTHOU	2	TONA		Election Campaign Financing Trust Fund Contribution			D May Be I to Fees	
24	Zip 3006				29 Regis	Zip 33064 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	30 d		& Brave	MPO.	3. This corporation has liability for Florida Statutes Yes 3. Name and Address of New F	□ No		199.032,	
		g, 114.110 a.i.						81	Name	<u>'</u>	y, mains and readings of them?	iogisto.eu	- Agent		7
GERMAIN JOHN 8486 SHEFALERA COURT									Street Addre	ess	P.O. Box Number is No Aspenial	64	<u> 207</u>	2	7
PT ST LUCIE FL 34952												'970 '3 75	1120 ****9	012 23, 7 5	
								84	City		4444	FI		Code	\dashv
11	I, Pursuant t	othe provisions	of Sectio	s 607.0502	and 60	7.1508, Florida Statu	tes, the abo	ve-n	armed corpor	ration	submits this statement for the pudirectors. I hereby accept the app		anging its r	egistered offic	e
	familiar wit	h, and accept the	Compani				S.	Юр	Drauoti \$ Doar	I G 01	anectors. Thereby accept the app	u loa	Acas or	agent, ram	-
SI	GNATURE _	Signature, typed of or		egistered agont a	nd title if		OTE: Registered	Agen	t signature required	d whe	n reinstating)	DATE			_
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14	, I do hereb certify that	y certify that the the Information	informatio Indicated o	n supplied w	ith/thk	filing is voluntarily fur t or supplemental an	nished and nual report i	does s tru	s not qualify for	for th	e exemption stated in Section 119 of that my signature shall have the out as required by Chapter 807, Fi	.07(3)(k), Fi same lega	orida Statut I effect as if	es. i further made under	
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