FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # P92000001488 (5)

1. Corporation Name
JOE WARD ROOFING CORP.

Principal Place of Business
10410 SW 185TH TERRACE
MIAMI, FL 33157

Mailing Address
10410 SW 185TH TERRACE
MIAMI, FL 33157-6756

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 01/24/1996
4. FEI Number: 65-0366726 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 — Country 30

9. Name and Address of Current Registered Agent
BURGER, ALAN M ESQ.
9990 S.W. 77TH AVE.
PENTHOUSE FIVE
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name: BURGER, ALAN M., ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 200 SOUTH BISCAYNE BOULEVARD
83 SUITE 2350
84 City: MIAMI, FLORIDA FL
85 Zip Code: 33131-2328

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRES	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BALES, ANN MARIE		1.2 NAME		
STREET ADDRESS	16601 SW 144 PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VP D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLAYTON, THOMAS E.		2.2 NAME		
STREET ADDRESS	26204 SW 124 COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP		
TITLE	D S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BALES, JAMES C.		3.2 NAME		
STREET ADDRESS	16601 SW 144 PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D T	☐ DELETE	4.1 TITLE	DST	☒ Change ☐ Addition
NAME	GOLDMAN, ROBERT M.		4.2 NAME		
STREET ADDRESS	7135 SPORTSMAN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert M. Goldman, Treas/Dir 3/17/97 305-233-6317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #