


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90028 029 ***150.00

0526340

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002631
1. Corporation Name
CONWOOD ROOFING CONTRACTORS, INC.



Principal Place of Business: 406 HARBOUR DRIVE, DUCK KEY FL 33050
Mailing Address: 26111 EVERGREEN RD, SUITE 301, SOUTHFIELD MI 48076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 312 E. SEAVIEW DR, P.O. DUCK KEY, FL 33050
2a. Mailing Address: P.O. Box 341, TROUT LAKE, MI 49793
22. City & State: DUCK KEY, FL
27. City & State: TROUT LAKE, MI
23. Zip: 33050, Country: FLORIDA
29. Zip: 49793, 30. Country: CHIPWEA

3. Date Incorporated or Qualified: 11/06/1992
4. FEI Number: 65-0352534
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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: CONSIDINE, ROBERT, 312 E. SEAVIEW DR, DUCK KEY FL 33050

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code: FL

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 for 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: R.W. Considine, Date: Jan 25, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CONSIDINE, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSIDINE, ROBERT	1.2 NAME	
STREET ADDRESS	26111 EVERGREEN RD STE 301	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI 48076	1.4 CITY-ST-ZIP	
TITLE	ROBERT W. CONSIDINE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT W. CONSIDINE	2.2 NAME	
STREET ADDRESS	P.O. Box 341	2.3 STREET ADDRESS	
CITY-ST-ZIP	TROUT LAKE, MI 49793	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: R.W. Considine, Date: Jan 25, 1999, Daytime Phone #: 906-440-1161, 305-743-3315

CR2E034 (11/98)