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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000002912

1. Corporation Name

DADE	roofing supply,	, INC.						
							a nd 18 11 8 11 818 1181 8	
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Principal Plac	ce of Business	N	Mailing Address			3 TORSHORE HER COLES HOLD SOUTH DELIN MELLIN	BILL BRILD ITALG 1818	IT LIBER TITTE FRAT
4115-B N.W. 132 STREET 4115-B N.W. 132 STREET								
OPA-LOCKA FL 33054 OPA-LOCKA FL 33054								
İ						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed 11/02/1992		
_	Place of Business	2a	Mailing Address			4. FEI Number	A	pplied For
21		26				65-0365084	No.	ot Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
City & Stat	te	<u> </u>	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip ·	Country	· —	Zip	Countr	y	8. This corporation owes the current year	Intangible	
24	25	29		30		Personal Property Tax.	Yes	□No
	9. Name and Addre	ss of Current Regis	stered Agent	<u>_</u> _		10. Name and Address of New Register	ed Agent	
PETI	ERS, LYAL T JR			8.	1 Name			
1570 SW 139TH AVE			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)			
DAVIE FL 33325			8:	3				
,.								. 1
					4 0		ac Zin i	Code
				84	4 City	F	85 Zip	Code
11. Pursuant	to the provisions of Sect	ions 607.0502 and 6	07.1508, Florida Statutes	s the abov	/e-named cor	rporation submits this statement for the purpose	of changing its	registered
11. Pursuant office or ragent. I a	to the provisions of Secti egistered agent, or both, m familiar with, and acce	ions 607.0502 and 6 in the State of Florid opt the objections of	ga. Such change was au , Section 607.0505, Flori	s, the above thorized by da Statute	ve-named cor y the corporat s.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its	registered
11. Pursuant office or ragent. I a	m familiar with, and acce	ept the objections of	ia. Such change was aut ; Section 607.0505, Florid LYAL.	s, the above thorized by da Statute	ve-named cory the corporates.	tion's board of directors. Thereby accept the ap $ \mathcal{J}\mathcal{R} \qquad \qquad \mathcal{I}-\mathcal{Q}^{-1} $	of changing its pointment as re	registered
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agent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, m familiar with and acce Signal & typed or printed name OF PD PETERS, LYAL T JR	of registered agent of the	da. Section 607.0505, Florie LYAL. If applicable. (NOTE: F	s, the above thorized by da Statute. T. P. Registered Age	ve-named cory the corporates.	tion's board of directors. I hereby accept the ap $ \frac{JR}{I-27} $ Ind when reinstating) DATE	of changing its pointment as re	registered gistered
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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 changes or on an attachment with a formation state of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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 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 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 supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on the information indicated on this annual report or supplied with the information indicated on the information indi

6.2 NAME

5.4 CITY-ST-ZIP 6.1 TITLE

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

OFFICER OR DIRECTOR

DELETE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90026 003 ***150.00

1-305-685-0557

Addition

☐ Change