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	TICE: CORPORATION WILL BE DIE ON OR BEFORE 09/30/98: \$550 (IF DISS					1998.	APT Parties	10/2
PROFIT FLORIDA DEPART CORPORATION Sandra B.							( ( -	
ì	NUAL REPORT Secretary of State  1998 DIVISION OF CORPORATIONS			91 JUL 29 MM 8: 36				
1. Corporatio		005044 (2)					SECRETARY OF STATE TATLAMASSEE, FLORIDA	
SECURIT	<b>TY ROOFING SYSTEMS, INC</b>	•	,			•		
Principal Place of Business Mailing Address  1800 S. OCEAN BLVD. #1308 5511 KNIGHTHURST W.		Mailing Address 5511 KNIGHTHURST WAY					l 300/HQQE 210 18480 11011 00110 10111 10111 00111	<b>daio</b> t billi bossi didil bidi todi
POMPANO BEACH FL 33062 DAVIE FL 33331 US					DO NOT WRITE IN THI	S SPACE		
03					j	3. Date Incorporated or Qualified		
							11/12/1992	
·	Principal Place of Business 2a. Mailing Address					}	4. FEI Number	Applied For
21 Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				65-0380536	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required		
City & Stat	te	City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Col	untry			8. This corporation owes or has paid the cu	
24	25		30	, .		1	Personal Property Tax due June 30.	Yes No
DIDI	9. Name and Address of Current	Registered Agent		81	Name		10. Name and Address of New Registered	Agent
	.of <b>s</b> ky, gerald I k <b>nig</b> hthurst way			00		A alalas -	(D.O. Doubles Louis No. 4	
	E FL 33331						s (P.O. Box Number is Not Acceptable)	
				83		_		
				84	City		FI	85 Zip Code
11. Pursuant office or agent. I	t to <b>the</b> provisions of sections 607.0502 regi <b>ste</b> red agent, or both, in the State c am <b>famil</b> iar with, and accept the obligat	and 607.1508, Florida Statutes, f Florida. Such change was au ons of, section 607.0505, Flori	the at Ihorize da Sta	ove- d by tutes	named co the corpo	orporat oration	ion submits this statement for the purpose of c s board of directors. I hereby accept the appo	hanging its registered
SIGNATURE	Signature, typed or printed name of registered agent i	and trie if applicable	E: Pagiste	ared A	and eather	m Parallina	d when reinstating) DATE	
12.	OFFICERS AND		13.		gork organists	o require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TI					Change Addition
NAME STORET ADDRESS	BIDLOFSKY, GERALD 1800 S OCEAN BLVD, 1308		1.2 NAME			900002 <b>608</b> -08/05/38	01123-002	
STREET ADDRESS   1800 S OCEAN BLVD, 1308 CITY-ST-ZIP POMPANO BEACH FL 33062			1.3 STREET ADDRESS			****150.00	a ****150.00	
TITLE		DELETE	2 1 TI					Change Addition
NAME			2.2 N	AME	-			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.1 TI	TY-ST-	-ZIP			Change Addition
NAME		() DECE 16	3.2 N					Cliange C Addition
STREET ADDRESS			@3 S1	TREET.	ADDRESS			
CITY-ST-ZIP			-	TYST-	ZIP			<del>_</del>
TITLE NAME		L_] DELETE	के.4 T) 4.2 N/		- 1			Change Addition
STREET ADDRESS					ADDRESS			
CITY(ST-ZIP			4.4 C	TY-ST-	ZIP			- 00
TITLE	:	DELETE	5.1 TI					Addition Addition
NAME ADDRESS			5.2 N		1000000			XX. h
STREET ADDRESS CITY-ST-ZIP				IREET A	ADDRESS .			1
TITLE		DELETE	6.1 TI		***			Change Addition
NAUC			623	A LUE	1			

SIGNATURE:

STREET ADDRESS

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Pres.

9542529010

This is 2 nd Request

to Send my annual Report.

f. originally sent it Back
on may 17, 1898. It must
Be lost. my check # 2216.

Thanks

Jerry