FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

1. Corporation Name

DIVISION OF CORPORATIONS DOCUMENT # P92000010757 (2)

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Principal Place of Business Mailing Address					I TOBATORA PAO TORAN CARAN GRAN GRAN			480) O ffik 1 30 1 (30 1		
3819 WESTGATE AVE SUITE 6 WEST PALM BEACH FL 33409 US		3819 WESTGATE AVE SUITE 6 WEST PALM BEACH FL 33409								
			US			 Date Incorporated or Qualified 12/10/1992 	1			
2. Principal Pla	ice of Business	28	. Mailing Address		_		4. FEI Number	1	""	Applied For
21		26	<u> </u>				65-0375138			Not Applicable
Suite, Apt. #	t, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional se Required
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution		Add	.00 May Be ded to Fees
Ζιρ 1	Country	<u> </u>	Zip	Country	/		B. This corporation has liability for in		ıx under	s 199.032,
24	25 Name and Address	of Current Posis	-to-and Amount	30			Florida Statutes			
	g. Name and Address	or Current Hegis	iterea Agent	81	Т.	Name	10. Name and Address of New Re	gistered	Agent	
MADELL	SAM LIARE I	1				Name				
	WILLIAM J RUM PLACE			82	1	Street Address	s (P.O. Box Number is Not Acceptable	0)		
SUITE 11				83	+					
	ALM BEACH FL 33401			Ľ						
				84		City		FL		Zıp Code
Or registere		te di Fidrida, Suci	n chance was aumonz	zea ov tne com	nan xora	med corporationation's board of	on submits this statement for the purp of directors. I hereby accept the appo	ose of cha	inging its	s registered office
familiar with	n, and accept the obligation	s of, Section 607	0505, Florida Statutes	S.	~	attorn a course s	of directors. Fridingly accept the appo	Throngs.	IpAlorou	eu agent, i am
SIGNATURE _	Section of the sectio						ver			
12.	Signature, typed or printed name of reg OFFIC	SERS AND DIREC		OTE: Registered Age	nt sig	gnature required wh		DATE SEDS AND	DIDCO:	7000 IN 10
TITLE	D	JUNO PARO DI IL	DELETE	1 1 TITLE		T	ADDITIONS/CHANGES TO OFFIC		1 Change	
NAME	FRANK, HERBERT H			1.2 NAME				L	"] Ondrig	E MOUGOG
STREET ADDRESS	12989 ODESSA TRAI			1.3 STREET	r an	nness 156	629 Bent Cr Rd			
CITY - ST - ZIP	WEST PALM BEACH	F		1.4 CITY-5		LTD1	LLINGTON, FL 33414			:
TIFLE			□ DELETE	2. 1 TITLE	" -		CE PRESIDNET	г	7 Change	e 🕱 Addition
NAME			_	2.2 NAME			DITH K. FRANK	_		*
STREET ADDRESS				2.3 STREET	i ADI	I	529 Bent Cr Rd			
CITY-ST-ZIP				24 CITY-5		I	LLINGTON, FL 33414			
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NAME				4.2 NAME					-	
STREET ADDRESS				4.3 STREET	ADI	DRESS				
CHTY-ST-ZIP		·		4.4 CITY - S	1 - Z	!IP				
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NAME				5.2 NAME						j
STREET ADDRESS				53 STREET	ADO	DRESS				
CITY-ST-ZIP		· :		5 4 CiTY - S	T - Z	1P				
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NAME				6.2 NAME		1				
STHEET AODRESS				6.3 STREET	ADC	DRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			6.4 CITY - S	T - Z(iP				
14. I do hereby	certify that the information s	supplied with this	filing is voluntarily furn	ished and doe	รกเ	ot qualify for the	he exemption stated in Section 119.0	7(3)(k), Flor	ida Stati	utes. 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 or page, or an an attrainment with an address. HERBERT H. FRANK, PRESIDNET 4/20/96 407-684-6232
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave

Dave

Ce, June Proce 1

SIGNATURE(<u>S</u>.