

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

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P920600 10757
 1. Corporation Name
RELIABLE ROOFING & GUTTERS, INC.

Principal Place of Business	Mailing Address
3819 WESTGATE AVE, SUITE 6 WEST PALM BEACH, FL 33409	SAME

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30
3819 WESTGATE AVE	SUITE 6
WEST PALM BEACH, FL	WEST PALM BEACH, FL
33409	USA

3. Date Incorporated or Qualified 12/92	3a. Date of Last Report 5/95
4. FEI Number 65-0375138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MARELL, WILLIAM J.
1601 FORUM PLACE #1101
WEST PALM BEACH, FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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, 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's signature required when re-registering) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HERBERT H. FRANK
13 STREET ADDRESS	15629 BENT CREEK ROAD
14 CITY-ST-ZIP	WELLINGTON, FL 33414
21 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JUDITH K. FRANK
23 STREET ADDRESS	15629 BENT CREEK ROAD
24 CITY-ST-ZIP	WELLINGTON, FL 33414
31 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	ARTHUR FRANK
33 STREET ADDRESS	3819 WESTGATE AVE
34 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
41 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JOHN DECICCO
43 STREET ADDRESS	3819 WESTGATE AVENUE
44 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	00000215210
63 STREET ADDRESS	-06/18/97--01005--011
64 CITY-ST-ZIP	***550.00

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:  **HERBERT H. FRANK, PRESIDENT** **6/13/97** **(561) 684-6232**

CR2E034 (9/96)