


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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>D92006011857</b> 1. Corporation Name <b>All Tropic Roofing Inc.</b>			
Principal Place of Business		Mailing Address	
<b>9369 NW 53 Ct Sunrise FL 33351</b>		<b>9369 NW 53 Ct Sunrise FL 33351</b>	
2. Principal Place of Business		2a. Mailing Address	
21 <b>9369 NW 53 Ct. FL 33351</b>		26 <b>9369 NW 53 Ct. FL 33351</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 <b>[Redacted]</b>		27 <b>[Redacted]</b>	
City & State		City & State	
23 <b>Sunrise FL</b>		28 <b>Sunrise FL</b>	
Zip		Zip	
24 <b>33351</b>		29 <b>33351</b>	
Country		Country	
25 <b>Florida</b>		30 <b>Florida</b>	
3. Date Incorporated or Qualified		3a. Date of Last Report	
<b>Dec. 15 1992</b>		<b>Dec. 15 1992</b>	
4. FEI Number		Applied For	
<b>65-0381875</b>		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<b>\$8.75 Additional Fee Required</b>	
<input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Matthew Hlarsa</b> <b>9369 NW 53 Ct. Sunrise FL 33351</b> <b>Matthew Hlarsa</b>		81 Name <b>Matthew Hlarsa</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>9369 NW 53 Ct.</b> 83 <b>Matthew Hlarsa</b> 84 City <b>Sunrise</b> <b>FL</b> 85 Zip Code <b>33351</b>	
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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE <b>Matthew Hlarsa</b>		DATE <b>3/27/97</b>	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when registering)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>President</b> <input type="checkbox"/> DELETE NAME <b>Matthew Hlarsa</b> STREET ADDRESS <b>9369 NW 53 Ct.</b> CITY-ST-ZIP <b>Sunrise FL 33351</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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.		<b>100002169531</b> <b>-05/07/97--01059--055</b> <b>***165.00</b>	
SIGNATURE: <b>Matthew Hlarsa</b>		DATE <b>3/27/97</b> <b>954 748 8042</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)