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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000011857

| 1. Corporati | | 511007 | | | | | | | | |
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| ALL IH | OPIC ROOFING, INC. | • | | | . , | | | | | |
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| Dringing Dia | no of Dunisana | Admillion Address | | | | | | | | |
| | ce of Business | Mailing Address | | | | | | | | |
| 9369 NW 53RD CT 9369 NW 53RD CT SUNRISE FL 33351 SUNRISE FL 33351 | | | | | , , | | | | | |
| | | | | | | DO NOT WRI | TE IN THIS | SPACE | | |
| | • | | | | 3. Date Incorporat | ted or Qualifed | | | | 7 |
| | <u> </u> | | | <u> –</u> | 12/15/1992 | | | | | |
| | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | | + | plied For · | 1 |
| Suite, Apt | # etc | Suite, Apt. #, etc. | | | 65-0381875 | | • | | t Applicable | |
| 22 | | 27 | | | 5. Certifcate of Sta | atus Desired | | \$8.75 A | | - |
| City & Sta | te | City & State | | | 6. Election Campa | ian Financina | <u> </u> | \$5.00 | <u> </u> | 1 |
| 23 | | 28 | | | Trust Fund Con | - | | Added t | | Ι. |
| Zip | Country | Zip | Coul | ntry | 8. This corporation | owes the cum | ent year in | tangible | | 7 |
| 24 | 25 | 29 | 30 | | Personal Prope | | | | □No· | 1 |
| | 9. Name and Address of Current | | | 81 Name | 10. Name and Add | Iress of New R | egistered | Agent | | ┨ |
| . HLA | VSA, MATTHEW | * * | | 01 Name | | | | | | |
| | 9 NW 53RD COURT | | | 82 Street Ad | dress (P.O. Box Number | is Not Accepta | ble) | | | |
| SUN | IRISE FL 33351 | | } | 83 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Said Mill | | 1940 1930 18101 | 7111, 1881 1-491 | 1 |
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| | | • | | 84 City | | · 1 · 1 · 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 | FI | 85 Zip C | ode | 1 |
| | | | | 1 | | | | | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statut | tes, the ab | ove-named o | rporation symits this sta | tement for the | purpose of | changing its | registered | 1 |
| 11. Pursuant office or agent. I a | to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with and accept the obligation | and 607.1508, Florida Statut Florida. Such change was a ons of, Section 607.0505, Flo | tes, the about the state of the | ove-named of by the corpora tes. | rporation submits this station's board of directors. | tement for the I hereby accep | purpose of t the appoi | changing its ntment as reg | registered ristered | _ |
| 11. Pursuant office or agent. I a | Matthew Hlavsa | oms or, section our costs, rio | tes, the abouthorized orida State | ove-named of by the corpora tes. | rporation submits this station's board of directors. | itement for the I hereby accep | purpose of t the appoi | changing its ntment as reg | registered gistered | |
| SIGNATURE | Matthew Hlavsa Signature, typed or printed name of registered agent a | DW1 CF. | : Registered | 7/1 | ired when reinstating) | | 1/8/ DATY | 99 | | 6 |
| SIGNATURE | Matthew Hlavsa Signature, typed or printed name of registered agent a OFFICERS AND | ons of, Section 607-5555, Fig. Own er- and title if applicable. (NOTE DIRECTORS | Registered / | Agent signature requi | ired when reinstating) (1947) | | 1/8/ DATY | 99 ID DIRECTO | RS IN 12 | 1/00) |
| SIGNATURE 12. | Matthew Hlavsa Signature, typed or printed name of registered agent a OFFICERS AND | DW1 CF. | 13. | Agent signature requi | ired when reinstating) | | 1/8/ DATY | 99 | | (144,00) |
| SIGNATURE 12. TITLE NAME | Matthew Hlavsa, Signature, typed or printed name of registered agent a OFFICERS AND D HLAVSA, MATTHEW | ons of, Section 607-5555, Fig. Own er- and title if applicable. (NOTE DIRECTORS | 13. 1.1 TITI 1.2 NA | Agent signature requi | ired when reinstating) (1947) | | 1/8/ DATY | 99 ID DIRECTO | RS IN 12 | 0341/44/00) |
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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 if changed, or on an attachment with an address, with purple other like empowered. ther like empowered

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90005 028 ***150.00