

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000014088 (8)

1. Corporation Name

ROOFING CONCEPTS UNLIMITED/FLORIDA, INC.



Principal Place of Business

Mailing Address

433 S DIXIE HIGHWAY W E  
POMPANO BEACH FL 33060  
US

ROOFING CONCEPTS UNLIMITED/FLORIDA, INC.  
433 S DIXIE HWY. W 600 EAST  
POMPANO FL 33060  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 433 S DIXIE HWY E.  
City & State

27 433 S DIXIE HWY E.  
City & State

23 Zip

25 Country

28 Zip

30 Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBazzi, ROCCO

516 S DIXIE HIGHWAY WEST 433 S. DIXIE HWY EAST  
POMPANO BEACH FL 33060

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, type or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME JACOBazzi, ROCCO  
STREET ADDRESS 516 S DIXIE HIGHWAY WEST  
CITY-ST-ZIP 33060

TITLE VD ☐ DELETE

NAME JACOBazzi, MICHAEL  
STREET ADDRESS 516 S DIXIE HIGHWAY WEST  
CITY-ST-ZIP 33060

TITLE SD ☐ DELETE

NAME ZEINER, CARYL  
STREET ADDRESS 5468 NW 59TH PLACE  
CITY-ST-ZIP FT LAUDERDALE FL 33319

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PD

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

433 S. DIXIE HWY EAST

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SAME AS ABOVE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

CARYL JACOBazzi

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

433 S. DIXIE HWY E.

POMPANO BEACH, FL 33060

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael Jacobazzi

MICHAEL JACOBazzi 3/2/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)