


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

**APPROVED
AND
FILED**

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candice B. Marshall
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **P93000060253 (0)**
1. Corporation Name
GREAT SOUTHERN ROOFING, INC.

2. Existing Name of Corporation: **11055 MONET LN
PALM BEACH GARDENS FL 33410**

3. Mailing Address: **11055 MONET LN
PALM BEACH GARDENS FL 33410**

4. Date incorporated or qualified: **08/27/1993**

5. Date of Last Report: **04/19/1994**

6. FPI Number: **65-0432530**

7. Certificate of Status Desired: **\$8.75 Additional Fee Required**

8. Election Campaign Financing: **\$5.00 May Be Added to Fees**

9. This corporation has liability for intangible tax under § 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**DOSDOURIAN, SAMUEL S
11055 MONET LN
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name: _____

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

83 City: _____

84 State: **FL**

85 Zip Code: _____

11. Forwarded to the principal office of the corporation, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. The 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 a registered agent as defined in the Florida Statutes.

SIGNATURE: _____

12. CURRENT REGISTERED AGENTS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY
<p>12.1 NAME: DOSDOURIAN, SAMUEL S</p> <p>12.2 STREET ADDRESS: 11055 MONET LN</p> <p>12.3 CITY: PALM BEACH GARDENS FL 33410</p>	<p>13.1 NAME: _____</p> <p>13.2 STREET ADDRESS: _____</p> <p>13.3 CITY: _____</p>
<p>12.4 NAME: _____</p> <p>12.5 STREET ADDRESS: _____</p> <p>12.6 CITY: _____</p>	<p>13.4 NAME: _____</p> <p>13.5 STREET ADDRESS: _____</p> <p>13.6 CITY: _____</p>
<p>12.7 NAME: _____</p> <p>12.8 STREET ADDRESS: _____</p> <p>12.9 CITY: _____</p>	<p>13.7 NAME: _____</p> <p>13.8 STREET ADDRESS: _____</p> <p>13.9 CITY: _____</p>
<p>12.10 NAME: _____</p> <p>12.11 STREET ADDRESS: _____</p> <p>12.12 CITY: _____</p>	<p>13.10 NAME: _____</p> <p>13.11 STREET ADDRESS: _____</p> <p>13.12 CITY: _____</p>
<p>12.13 NAME: _____</p> <p>12.14 STREET ADDRESS: _____</p> <p>12.15 CITY: _____</p>	<p>13.13 NAME: _____</p> <p>13.14 STREET ADDRESS: _____</p> <p>13.15 CITY: _____</p>

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(1)(b) Florida Statutes. I further certify that the information included on this document is not a supplemental annual report as filed and accepted and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAMUEL S. DOSDOURIAN

5/4/95 407-844-2990

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1995



DOCUMENT # P93000060279 (5)

QUALITY DRYWALL FINISHING, INC.

7653 NW 57TH STREET
TAMARAC FL 33321

7653 NW 57TH STREET
TAMARAC FL 33321

APPROVED

3. Expiration Date: 08/24/1993
3a. Expiration Date: 05/01/1994

4. License Number: 65-0438917
Applied Fee: Not Applicable

5. Additional Fee Required: \$8.75 Additional Fee Required

6. Discretionary Contribution: \$5.00 May Be Added to Fees

8. This application is subject to inspection fee under 319.04(2)

9. Name and Address of Current Registered Agent

CASARE JUAN R
7653 NW 57TH STREET
TAMARAC FL 33321

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address, P.O. Box Number, Not Applicable
B3
B4 City, State, Zip
FL B5 Zip Code

11. I, the undersigned, being duly sworn, depose and say that the above information is true and correct to the best of my knowledge and belief, and that I am the duly authorized representative of the applicant for the above information.

12. ADDITIONAL APPLICANTS

D CASARE JUAN R
576 KATHY COURT
MARGATE FL 33068

13. ALTERNATE'S CHANGE TO COLLECTION AND FILING FEES

JUAN R. CASARE S
 Change Addition

14. I, the undersigned, being duly sworn, depose and say that the above information is true and correct to the best of my knowledge and belief, and that I am the duly authorized representative of the applicant for the above information.

SIGNATURE: *Juan R. Casares*
SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUAN R. CASARES

JRC (201) 726-8866