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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Statts. DIVISION OF CORPORATIONS

DOCUMENT # P93000076252 (4)

ALL STATE ROOFING, INC.

CITY-ST-ZIP

SIGNATURE:

Principal Place of Business Mailing Address 1589 SELMA AVE. HOLLY HILL FL 32117 HOLLY HILL FL 32117-2027											
						ļ	3. Date Incorporated or Qualified 11/01/1993	l l	ate of Last R 27/1996	eport	
2. Principal Place of Business 2a, Mailing Address							4. FEI Number			oplied For	
21		26	26				59-3208881			ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & Stat	C	City & State			*****		Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added	May Be	
Z ip	Country	28	TÖ	ountry	,		8. This corporation has liability for i				
24	25	29	30	,				- " -	No	. 155.032,	
2-1	g, Name and Address of Cur		100	Τ			10. Name and Address of New Re				
A COE	RDEIRO, WENDY			81	Name					***************************************	
	9 SELMA AVE.			82	Ctroot	Addros	s (P.O. Box Number is Not Acceptab	lo)			
	LY HILL FL 32117			02	30000	Mudies	is (F.O. Box Normber is Not Acceptab	ie)			
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LI THE I E OF THE			83							
				84	Cit				186 7:m	Codo	
				64	City			FL	85 Zip	Code	
office or a	registered agent, or both, in the St am familiar with, and accept the ob- Signature types or protes name of registered	ate of Flonda Such change wa digations of Section 607,0505,	s authori: Florida S	zed by tatutes	y the cor s.	rporatio	ration submits this statement for the p n's board of directors. I hereby accep when reinstating!	of the app	ointment as	registered	
12.	OFFICERS (AND DIRECTORS	13	3.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	
Title	D	DELETE	1.1	TITLE				······	Change	Addition	
NAME	CORDEIRO, WENDY		1.2	NAME						,	
STREET ADORESS	1589 SELMA AVE.		1.3	STREET	ADDRESS						
CITY+ST-7IP	HOLLY HILL FL 32117		1.4	CITY-S	ST - ZIP						
TOTALE		DELETE	2 1	TITLE					Change	Addition	
NAME			2.2	NAME		-					
STREET ADDRESS	1		2.3	STREET	ADDRESS						
C(7.4 + \$1 + Z)2			2.	4 CITY-	ST-ZIP						
TILLE		DELETE	3.1	TITLE			Meri S. 175 m	K, 3.	Change	Addition	
NAME			3.3	2 NAME							
STREET ADDRESS			3.3	STREET	I ADDRESS						
CITY - S1 - 7IP				CITY-	SY-ZIP	1					
Tille		L DELETE		1 TITLE					L. Change	Addition	
NAME			- 1	2 NAME							
STREET AUDRESS					r address						
City-St-7.6		DELETE		4 CITY - S	ST - ZIP				Chann-	[Addition	
TIFLE		DELETE	i i	1 TITLE					Change	Last Madicial	
NAM(2 NAME							
STREET ADORESS		1			T ADDRESS						
CHY-SI-ZIF		DCICTO		4 CITY - S	ST-ZIP	ļ			Change	Addition	
TITLE		☐ DELETE	1	TITLE					U change	Addition	
NAME				2 NAME							
STREET ADDRESS	1		6.3	3 STREET	T ADDRESS	1					

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, pron an fatachment with an address.

FILED

Feb 18 1997 8:00am

Secretary of State