

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DOCUMENT # P93000082580

1. Corporation Name
PAYLESS ROOFING CO., INC.

Principal Place of Business Mailing Address
2421 NW 16th LN., BAY 6
POMPANO BEACH, FL. 33064

3. Date Incorporated or Qualified 12-03-93	3a. Date of Last Report 5-1-96
4. FEI Number 65-0456822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. PAYLESS ROOFING CO., INC. Suite, Apt. #, etc. 22. 2421 NW 16 th LN, Bay 6 City & State 23. Pompano Bch., FL. Zip 24. 33064	2a. Mailing Address 26. SAME Suite, Apt. #, etc. 27. City & State 28. Zip 29. Broward Country 30. USA
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent
MARLENE D. HIRSCH
8500 NW 47 DR.
CORAL SPRINGS, FL. 33067

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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 Marlene D. Hirsch MARLENE D. HIRSCH - PRESIDENT 04/16/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	MARLENE D. HIRSCH	
STREET ADDRESS	8500 NW 47 DR.	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	SAMUEL M. CHANEY	
STREET ADDRESS	8500 NW 47 DR.	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	ROBERT BOHUNICKY	
STREET ADDRESS	2690 NE 18 th ST.	
CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 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		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 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		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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		

700002152637
-04/23/97--01100--020
***165.00

DN
4-22-97

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 provided 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 I changed, or on an attachment with an address.

SIGNATURE: Samuel M. Chaney V.P., Samuel M. CHANEY 954-340-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)