

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000082580 (0)

1. Corporation Name

PAYLESS ROOFING COMPANY, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2421 NW 16 th LN. Suite, Apt. #, etc. 22 BAY 6 City & State 23 POMPADO BEACH, FL. Zip 24 33064		2a. Mailing Address 26 SAME AS PLACE OF BUSINESS Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date incorporated or Qualified 11-22-93 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

HIRSCH, MARLENE D.
8500 NW 47 DR.
CORAL SPRINGS, FL.
33067

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT & SECRETARY <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSH, MARLENE D.	1.2 NAME	
STREET ADDRESS	8500 NW 47 DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT & TREASURER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL M. CHANEY	2.2 NAME	
STREET ADDRESS	8500 NW 47 DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	2.4 CITY-ST-ZIP	
TITLE	ROBERT BOHUNICKY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2690 NE 18 th ST.	3.2 NAME	
STREET ADDRESS	POMPADO BEACH, FL. 33062	3.3 STREET ADDRESS	
CITY-ST-ZIP	VICE-PRESIDENT	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Samuel M. Chaney

04/13/98

954-340-7663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/97)