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0160872

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 19 PM 1:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000082580**

1. Corporation Name
PAYLESS ROOFING COMPANY, INC.

Principal Place of Business	Mailing Address
2421 NW 16TH LN BAY 6 POMPANO BCH FL 33064 US	2421 NW 16TH LN BAY 6 POMPANO BCH FL 33064 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/22/1993

4. FEI Number
65-0456822
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~HIRSCH, MARLENE D~~
~~8500 NW 47TH DRIVE~~
~~CORAL SPRINGS FL 33067~~

10. Name and Address of New Registered Agent

81 Name: VINCENT T. SAMMARCO, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 7752 TAFT ST
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33024

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] DATE: 2/12/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature is required when this form is filed.)

12. OFFICERS AND DIRECTORS		
TITLE	~~PS~~	[X] DELETE
NAME	~~HIRSCH, MARLENE D~~	
STREET ADDRESS	~~8500 NW 47TH DRIVE~~	
CITY-ST-ZIP	~~CORAL SPRINGS FL 33067~~	
TITLE	VP	[ ] DELETE
NAME	CHANEY, SAMUEL M	
STREET ADDRESS	8500 NW 47TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	VP	[ ] DELETE
NAME	BOHUNICKY, ROBERT	
STREET ADDRESS	2690 NE 18TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	SAMUEL M. CHANEY P [X] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	8500 NW 47TH DRIVE
14 CITY-ST-ZIP	CORAL SPRINGS, FL 33067
21 TITLE	VP [ ] Change [X] Addition
22 NAME	& JOHN A. TAYLOR
23 STREET ADDRESS	314 SUSSEX AVE
24 CITY-ST-ZIP	MIRAMAR, FL 33023
31 TITLE	[ ] Change [ ] Addition
32 NAME	400002784184----6
33 STREET ADDRESS	-02/23/99--01036--010
34 CITY-ST-ZIP	******8.75 ******8.75
41 TITLE	[ ] Change [ ] Addition
42 NAME	400002784184----6
43 STREET ADDRESS	-02/23/99--01036--011
44 CITY-ST-ZIP	****150.00 ****150.00
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Samuel M. Chaney 2/12/99 (954) 340-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SAMUEL M. CHANEY, PRES.