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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011648 (0)

PRUDENTIAL ROOFING CONTRACTORS INC.

FILED Apr 14 1998 8:00am Secretary of State



														
Principal Place of Business Mailing Address										,,,,,,,	1111 919	E1 1911 1991		
17801 SCARSDALE WAY 17801 SCARSDALE WAY														
BOCA RATON FL 33496 US				BOCA RATON FL 33496 US					DO NOT WRITE IN THIS SPACE					
1				00					3. Date Incorporated or Qualified		OI AOL			
									01/31/1994					
2. Principal Place of Business				2a, Mailing Address					4. FEI Number			Ar	plied For	
21				26									t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.							\$8.	-	Additional	
22				27					5. Certificate of Status Desired	لــا.	F	ee Re	quired	
City & State				City & State					6. Election Campaign Financing		\$5	.00	May Be	
23				28					Trust Fund Contribution		Ac	dded 1	o Fees	
	Zip Country			Zip Count			ý		8. This corporation owes or has p					
24	25 Name and Address of Cur			29 30		0			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
9, Name and Address of Current Registered Agent							1 6	Name	10. Name and Address of New H	egisterea	Agent			
	I, ADRIAN /					81	Ι'	40/110						
851 THREE ISLAND BLVD APT 102							5	Street Addres	et Address (P.O. Box Number is Not Acceptable)					
HALLANDALE FL 33009							Ͱ							
''`		FE 33009				63								
						84	(City		FI	85	Zip (Code	
11. Pursuant	to the provisi	ions of Sections 607 (1502 and	607 1508 Flori	da Statutos	the abou	A-D	amed cornor	ration submits this statement for the		,	ilo or it	r sociotorod	
office or r	registered ag	ent, or both, in the St	ate of Flo	rida. Such char	nge was au	thorized b	y th	ne corporation	ration submits this statement for the n's board of directors. I hereby acco	purpose o	ointme	nt as	registered	
1	u i artina wi	in, and accept the of	nganons	or, section 607	.USUS, FIDIII	oa Statute	S.							
SIGNATURE	Signature, typed	or printed name of registered	spent and to	de 4 appreable	INOTE: F	Registered Ap	ent s	ignature required	when reinstating)	DATE				
12.		OFFICE RS				13.			ADDITIONS/CHANGES TO OFF		DIREC	CTOR	S IN 12	
TITLE	P			D	ELETE	1.1 TITLE					Ch		Addition	
NAME	BIAS, AI					1.2 NAME								
STREET ADDRESS 851 THREE ISLAND BLVD #1				1.35			1.3 STREET ADDRESS							
CITY-ST-ZIP	HALLAN	DALE FL				1.4 CITY-\$	T-Z	IP						
TITLE	VP			☐ D	ELETE	2.1 TITLE					Ch	ange	Addition	
NAME	BIAS, G					2.2 NAME								
STREET ADDRESS		CARSDALE WAY				2.3 STREET	ADE	DRESS	+ 1					
CITY-ST-ZIP	BOCA R	ATON FL				2. 4 CITY-	ST - 2	ZIP						
TITLE				D	ELETE	3 1 TITLE					Ch	ange	☐ Addition	
NAME						3.2 NAME								
STREET ADDRESS						3.3 STREET	ADI	DRESS						
C/TY - ST - ZIP					EL EXE	3.4. CITY-	ST-Z	ZIP						
TITLE				□ Di	ELE IE	4.1 TITLE					☐ Cha	ange	☐ Addition	
NAME						4. 2 NAME								
STREET ADDRESS						4.3 STREET								
CITY-ST-ZIP TITLE	-			□ Di	CLETE	4.4 CITY - 9	1- Z	IP .	7.0				TT	
NAME					LLETE	5.1 TITLE					L Cha	ange	Addition	
						5.2 NAME								
STREET ADDRESS						5.3 STREET								
CITY-ST-ZIP TITLE				DI DI	I FTF	5.4 CITY-S 6.1 TITLE	i (- Z)	IP			T ou		Addition	
NAME				ان نے	- CC F C						Cha	ın ü e	Addition	
STREET ADDRESS						62 NAME		ND F DE						
CITY-ST-ZIP						6.3 STREET		- 1						

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.

(CLI)470-9186