

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
COLLEGE OF CORPORATIONS

1995 8-3-95

B-8045

FILED

95 AUG -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000035058 (4)

1. Corporation Name

PRO-TECH ROOFING, INC.

Principal Place of Business

Mailing Address

7645 NW 42 PL
APT K-156
SUNRISE FL 33351

7645 NW 42 PL
APT K-156
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

3B. Date of Last Report

05/06/1994

2. Principal Place of Business

2a. Mailing Address

21 800 W. Mc. Nab Road

26 7645 NW 42 PL APT K-156

4. FFL Number

65-0538725

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

FT. LAUD. FLA.

28 City & State

SUNRISE FLA.

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 ZIP

33309

25 Country

U.S.A.

29 ZIP

33351

30 Country

U.S.A.

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARBSTEIN, DAVID R
2765 W CYPRESS CREEK RD
FT LAUDERDALE FL 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 the 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 D
NAME LABIDOU, LOUIS
STREET ADDRESS 7645 NW 42 PL APT K-156
CITY - ST - ZIP SUNRISE FL 33351

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Louis Labidou

4/10/95 205 984-9900
Date Initial (Block 1)