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 # P94000045392 (5)

ROOF TECH SALES CORPORATION

Mailing Address Principal Place of Business

FILED Apr 17 1998 8:00am Secretary of State



10031 PINES SUITE 211 PEMBROKE P	BLVD. INES FL 33029	10031 PINES BLVD. SUITE 211 PEMBROKE PINES FL 330	29	DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE
				06/17/1994	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	0 NW 1675T		016784	65-0499127	Not Applicable
Sulte, Apt. 4	E 221D	Suite, Apt. #, etc. 27 Suite 22	ID	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	ni, Flp-	City & State 28 M (A) 17'/, (TA.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24 330			30	Personal Property Tax due June 30.	res 🔲 No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	1 Agent
LES	S GORY		81 Name		
10031 RIVERS BLVD., STE 211 B2 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 170					
	MBROKE PINE FL 33024		83		
			84 City		85 Zip Code
		1	City	F	L 00 2.5 0000
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 tide if applicable (NOTE)	Registered Agent signature re	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PS	DELETE	1.1 TITLE		Change Addition
NAME	STURDY, DAVID I		1.2 NAME		
STREET ADDRESS	10031 PINES BLVD., SUITE 21	1	1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 Crty-St-ZiP		
TITLE	VPT	☐ DEL et e	2.1 TITLE		Change Addition
NAME	Gory, Leslie		2.2 NAME		
STREET ADDRESS	15741 TURNBERRY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		2.4 CłTY - ST - ZIP		
TITLE		☐ DELETE	3.1 THTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
indicated of officer or o	on this annual report of supplemental a	annual report is true and accu er or trustee empowered to ex	rate and that my sign:	in Section 119.07(3)(i), Florida Statutes. I further ature shall have the same legal effect as if made tequired by Chapter 607, Florida Statutes; and tha	unger oath: that I am an