Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90037 022 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOMOGOGESTA

1. Corporation Name CUNNINGHAM ROOFING CO. INC. Principal Place of Business 5914 GRANT ST WEST HOLLYWOOD FL 33021 Mailing Address 5914 GRANT ST WEST HOLLYWOOD FL 33021					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
2. Principal	Place of Business	2a. Mailing Address			09/06/1994 4. FEI Number		<u> </u>	Appli	ied For
21	i idoc or Dualifeaa	26 Address			65-0517420				Applicable
- Suite; Apt: #, etc.		Suite, Apt. #; etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & Sta	ate	City & State 28 Zip Country		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country 25	Country 30		8. This corporation owes the current year Intangible Personal Property Tax.					
24	25 29 30 9. Name and Address of Current Registered Agent		30		10. Name and Address of New R	Reaistere			
CUNNINGHAM, JAMES 4540 SW 30TH STREET SUITE 300 HOLLYWOOD FL 33023 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes office or registered agent, or both, in the State of Florida. Such change was aut			ithorized by th	City	ress (P.O. Box Number is Not Accepta	F	L of changing	Zip Co g its re s regis	egistered
agent. I	am familiar with, and accept the obl	igations of, Section 607.0505, Flori	ida Statutes.			DATE			
			13.	signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF		ND DIRFO	CTOR	S IN 12
TILE	P	DELETE	1.1 TITLE				Chan		Additio
NAME	CUNNINGHAM, JAMMES R		1.2 NAME				_	-	_ -
FOLL ORANG OT			1.3 STREET A	DORESS					
CITY-ST-ZIP	WEST HOLLYWOOD SI		1.4 CITY-ST-	1					
TITLE		☐ DELETE	2.1 TITLE				☐ Chan	ge	☐ Additio
NAME			2.2 NAME						
, STREET ADDRES	s		2.3 STREET A	DDRESS	المراجع المراجع المراجع فيتنصب السارا				
l			I	i					

☐ Addition CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

SOURCED! TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

Addition