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PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091597 (2)

K & K ROOFING CO. INC.

Principal Place of Business

Mailing Address

FILED
Jun 01 1998 8:00am
Secretary of State



16344 WOOD WALK MIANT PL \$3014 16342 WOOD WALK MIAMI FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/16/1994 Applied For 6729 NW 188 Tur Not Applicable 65-0542774 \$8.75 Additional 5. Certificate of Status Desired X 22 Fee Required \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VAN NOSTRAND, KEITH 740 NW 106TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33026 83 84 City 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent's griature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE EVERETT, MACK A UTHOR VAN NOSTRAND, KEITH NAME 1.2 NAME R2E034 740 NW 106TH AVE. STREET ADDRESS 1,3 STREET ADDRESS PEMBROKE PINES FL 33026 CITY-ST-ZIE 1.4 CITY-\$1-ZIP DELETE Change Addition 2.1 TITLE TITLE **BURNS**, KIMBERLY 22 NAME 740 NW 106TH AVE. 23 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33026 2 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 3 1 HILE Addition | TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE ___ Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THEF NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 500002544855 NAME 6.2 NAME -06/02/98---01023---022 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 altachment with an address.

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Kuth Van nashant

429-99 305-8282523