
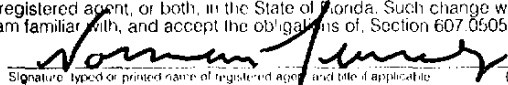


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 95000013461 1. Corporation Name Broward Roofing, Inc.			
Principal Place of Business		Mailing Address	
1729 E. Commercial Blvd. Suite 231 Ft. Lauderdale, FL. 33334			
2. Principal Place of Business		3a. Date of Last Report	
21. Suite, Apt. #, etc.		1994	
22. City & State		1996	
23. Zip		3. Date Incorporated or Qualified	
24. Country		1994	
25. Country		3b. Date of Last Report	
26. Suite, Apt. #, etc.		1996	
27. City & State		4. FEI Number	
28. Zip		65-0558673	
29. Country		5. Certificate of Status Desired	
30. Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
31. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution	
Norman Levinsky 5254 N.E. 62 Ave. Ft. Lauderdale, FL. 33334		<input type="checkbox"/> \$5.00 May Be Added to Fees	
32. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
81. Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
82. Street Address (P.O. Box Number is Not Acceptable)			
83. City			
84. Zip Code			
85. State		FL	
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 title if applicable (NOT Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE			
2. NAME			
3. STREET ADDRESS			
4. CITY-ST-ZIP			
5. TITLE			
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96. CITY-ST-ZIP			
97. TITLE			
98. NAME			
99. STREET ADDRESS			
100. CITY-ST-ZIP			

CR2E034 (9/96)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

954 7769872