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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

P95000036201 (8) **DOCUMENT #**

BETHEL ROOFING SYSTEMS, INC.

Principal Place of Business 3650 NW 118 AVE BAY 17 CORAL SPRINGS FL 3307 2. Principal Place of Business Mailing Address 3650 NW 118 AVE BAY 17 CORAL SPRINGS FL 3307					Date Incorporated or Qualified			
					05/04/1995		N/W	
— . ·) 118 AUE BAY 17	2a. Mailing Address 26 P·o·Bo.	x]]	14	4. FEI Number 59 - 331189	7	-	Applied For Not Applicable
	A4 17	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
ZID LORAL	SPRINGS Country	City & State 28 CORAL So		s. FLA	Election Campaign Financing Trust Fund Contribution		Add	00 May Be ed to Fees
24 3306	Name and Address of Current	29 33075	30 Count	1. S.A	8. This corporation has liability for Florida Statutes Yes	™ √√0		s 199.032,
	The state of the s	Legistored Agent		1 Name	10. Name and Address of New R	egistered A	gent	
OLLIMERRE, RUSSELL 3650 NW 118 AVE					ss (P.O. Box Number is Not Acceptab	le)		
BAY 17 CORAL SPR	INGS FL 33075		8					
11 Purguent to the	provisions of Cartings COT OFFIC	1007	1	1 - 7		FL		(ir) Code
or registered age	ordisions of Sections 607,0502 ant, or both, in the State of Florida	Ind 607.1508, Florida Statutes . Such change was authorized	the above	named corporati	ion submits this statement for the purp of directors. I hereby accept the appo	oose of char	nging its	registered office
familiar with, and	accept the obligations of, Section	n 607.0505, Florida Statutes.	2 27 110 001	poration's board	or directors. Thereby accept the appo	intment as r	egistered	d agent. I am
SIGNATUREStoriature	e, typed or printed name of registered agent an	J						
12.	OFFICERS AND			ant signature required w		DATE		
			13.		ADDITIONS/CHANGES TO OFFI			DRS IN 12
IAME 17C	USIBLNI	~ A €	1. 1 TITLE] Change	Addition
STREET ADDRESS	ELIBENT ISIN L. DHIVIE 480 NW 37 S ORAL SPRINA	KIL	1.2 NAME					
DITY-ST-ZIP	480 NW 37 3	F10.75		T ADDRESS				
TILE	OKAL SYNING							
		☐ DELETE	2. 1 TITLE				Change	☐ Addition
iAME			2.2 NAME					
TREE1 ADDRESS			23 STREE	T ADDRESS				
TY-ST-ZIP			2 4 CITY -	ST-ZIP				
ITLE		□ DELETE	3. 1 TITLE			Г	Change	[] Addition
AME			3.2 NAME			-	•	
TREET ADDRESS			3.3. STREE	T ADDRESS				
ITY - S1 - ZIP			3.4 C/TY-	ST-ZIP				
ITLE		☐ DELETE	4. 1 TITLE			— п	Change	☐ Addition
AME			4.2 NAME				Change	Addition
TREE! ADDRESS				ADDRESS				
ITY-ST-ZIP			4.4 CITY-5					
TLF .		☐ DELETE	5 1 TITLE				Chacas	☐ taint
AME			5.2 NAME	İ		Ц	Change	Addition
REET ADDRESS			5.3 STREET	ADDRESS				
IY-ST-ZIP								
TLE .		DELETE	5.4 CITY-S 6 1 TITLE	1-717			<u> </u>	
ME.		C Percie		1			Change	Addition
REET ADDRESS			6.2 NAME					
TY-S1-ZIP			6 3 STREET					i
4. I do hereby certify	that the information europlied with	this filing is voluntarily 4	6.4 CITY-S					i
certify that the info oath; that I am an appears in Block 1	rmation indicated on this annual r officer or director of the corporati 2 or Block 18 if changed, or on a	eport or supplemental annual on or the receiver or trustee e in attachment with an address	report is trumpowered in the control of the control	s not quality for the and accurate a considerate and accurate this repart the consideration of the consideration and the considerati	he exemption stated in Section 119.07 and that my signature shall have the sa port as required by Chapter 607, Flori	(3)(k), Florid ame legal eff da Statutes;	a Statute act as if and tha	I further made under t my name

SIGNATURE:

Rustin . 1 Ollivisme: 4.25 96: (954) 4325