


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

FILED  
May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P95000036201 1. Corporation Name <b>BETHEL ROOFING SYSTEM INC</b>					
Principal Place of Business <b>3650 NW 118 AVE</b> <b>BAY 17</b> <b>CORAL SPRINGS, FLA 33065</b>			Mailing Address <b>P.O. Box 9766</b> <b>CORAL SPRINGS FLA</b> <b>33075</b>		
2. Principal Place of Business 21 <b>3650 NW 118 AV</b> Suite, Apt. #, etc. 22 <b>BAY # 17</b> City & State 23 <b>CORAL SPRINGS, FLA</b> Zip 24 <b>33065</b>		2a. Mailing Address 26 <b>P.O. Box 9766</b> Suite, Apt. #, etc. 27 <b>CORAL SPRINGS</b> City & State 28 <b>FLA</b> Zip 29 <b>33075</b>		3. Date Incorporated or Qualified <b>MAY - 4 - 1995</b> 4. FEI Number <b>59-3311897</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>Rustin L. Ollivierre</b> <b>11480 NW 37 ST</b> <b>CORAL SPRINGS, FLA 33065</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>N/A</b> 85 Zip Code <b>FL</b>		
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: <i>Rustin L. Ollivierre</i> - PRESIDENT (NOTE: Registered Agent signature required when reinstalling) DATE:					
12. OFFICERS AND DIRECTORS 1.1 TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE 1.2 NAME <b>Rustin L. Ollivierre</b> 1.3 STREET ADDRESS <b>11480 NW 37 ST</b> 1.4 CITY-ST-ZIP <b>CORAL SPRINGS, FLA 33065</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do 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. SIGNATURE: <i>Rustin L. Ollivierre</i> <b>RUSTIN L. OLLIVIERRE</b> 4-28-97 (954) 755-5176 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)