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

PROFIT



ELORIDA DEPARTMENT OF STATE

| CORPORATION<br>ANNUAL REPORT<br>1999                     | Katherine Harris Secretary of State DIVISION OF CORPORATIONS | Apr 29, 1999 8:00 am<br>Secretary of State<br>04-29-1999 90220 004 ***150.00 |
|--|--|--|
| OCUMENT # PO<br>Corporation Name<br>BETHEL ROOFING SYSTE | <b>5201</b>  | T<br>  |

|                         | •  |   |            |                                   |  |   |                              |                                 |                                 |                   |
|-------------------------|--|---|------------|-----------------------------------|--|---|------------------------------|---------------------------------|---------------------------------|-------------------|
| Principal Place         | e of Business  | Mailing Address                         |            |                                   | $\neg \neg$  | [ ]##  ##{ II#                                      | INT MILIT AMILE NO           | All Bolls Daigt                 | ) icid Bil(B HAI)               | 1 4810( (10) 100) |
| 3650 NW 118 A<br>BAY 17 |  | P.O. BOX 9766<br>CORAL SPRINGS FL 33075 |            |                                   |  | . <b>.</b>  | O NOT WO                     | TE INSTERS                      | S. SDACE                        |                   |
| CORAL SPRING            | S.FL 33065   | _ US                                    |            | ~ ******************************* | ·  -   | 3. Date Incorporated                                | O NOT-WRI                    | _                               | SPACE_                          |                   |
|                         |  |   |            |                                   |  | 05/04/1995  | or Qualifeu                  |                                 | ·<br>                           |                   |
| 2. Principal P          | lace of Business   | 2a. Mailing Address                     |            |                                   | l  | 4. FEI Number                                       |                              |                                 | A                               | pplied For        |
| 21                      | ·  | 26                                      |            |                                   |  | <u>59-3311897</u>                                   |                              |                                 |                                 | ot Applicable     |
| Suite, Apt.             | #, etc.  | Suite, Apt. #, etc.                     |            |                                   | 5. Certificate of State                                |   | •                            | 8.75 Additional<br>Fee Required |                                 |                   |
| City & Stat             | e  | City & State                            |            |                                   | 6. Election Campaign Financing Trust Fund Contribution |   |                              | \$5.00 May Be<br>Added to Fees  |                                 |                   |
| Zip                     | Country  | Zip                                     | Cou        | ntry                              | -  | 8. This corporation of                              | wes the curr                 | ent year In                     | tangible                        | /                 |
| 24                      | 25   | 29                                      | 30         |                                   |  | Personal Property                                   | / Tax.                       |                                 | Yes                             | ■No               |
|                         | 9. Name and Address of Curre   | nt Registered Agent                     | _          |                                   |  | 10. Name and Addre                                  | ess of New I                 | Registered                      | Agent                           |                   |
| OLLI                    | VIERRE, RUSSELL  |   |            | 81 Name                           | 0  | lliviERRE   | Ru                           | SSEL                            | سا-                             |                   |
|                         | 30 NW 37 ST  |   |            | 82 Street                         | Addres   | s (P.O. Box Number is                               | Not Accepta                  | able) A                         | 1E                              |                   |
|                         | AL SPRINGS FL 33065  |   |            | 83                                | 30   | 5 8 3W  |                              | - F CIT                         |                                 |                   |
| ]                       | are or throat is support   |   |            | 33                                |  |   |                              |                                 |                                 |                   |
|                         |  |   |            | 84 City                           | CAP  | & CORAL   | •                            | Fl                              | -   32                          | Code<br>3914      |
| I Office or r           | to the provisions of Sections 607.05<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga   | of Florida, Such chande was all         | TOOFIZED   | DV THE COR                        | d.corpora<br>coration's                                | ation submits this state<br>s board of directors. I | ement for the<br>hereby acce | pt the appo                     | f changing its<br>intment as re | s registered = -  |
| SIGNATURE               |  |   |            |                                   |  |   |                              |                                 |                                 |                   |
| SIGNATURE               | Signature, typed or printed name of registered age   | ent and title if applicable. (NOTE:     | Registered | Agent signature                   | required w   | hen reinstating)                                    |                              | DATE                            |                                 |                   |
| 12.                     | OFFICERS AI  | ND DIRECTORS                            | 13.        |                                   |  | ADDITIONS/CHAN                                      | IGES TO OF                   | FICERS A                        |                                 |                   |
| TITLE                   | P  | ☐ DELETE                                | 1.1 T(1    | LE                                |  | •   |                              |                                 | Change                          | ☐ Addition        |
| NAME                    | OLLIVERRE, RUSLIN L  |   | 1.2 NA     | ME                                |  |   |                              |                                 |                                 |                   |
| STREET ADDRESS          | 3058 SW 27 PLACE   |   | 1.3 ST     | REET ADDRESS                      | 6  |   |                              |                                 |                                 |                   |
| CITY-ST-ZIP             | CORAL SPRINGS FL 33914   |   | 1.4 CII    | Y-ST-ZIP                          |  |   |                              |                                 |                                 |                   |
| TITLE                   |  | ☐ DELETE                                | 2.1 111    | LE                                | 7  |   |                              |                                 | Change                          | ☐ Addition        |
| NAME                    |  |   | 2.2 NA     | ME                                |  |   |                              |                                 |                                 |                   |
| STREET ADDRESS          |  |   | 2.3 ST     | REET ADDRESS                      | <u> </u>   |   |                              |                                 |                                 |                   |
| CITY-ST-ZIP             |  |   | 2.4 CI     | TY-ST-ZIP                         | -  |   |                              |                                 |                                 |                   |
| TITLE                   | :  | ☐ DELETE                                | 3.1 TIT    |                                   |  |   |                              |                                 | ☐ Change                        | - Addition        |
| NAME                    |  | _                                       | 3.2 NA     |                                   |  |   |                              |                                 |                                 |                   |
| STREET ADDRESS          |  |   |            | REET ADDRESS                      | . [  |   |                              |                                 |                                 |                   |
| }                       |  |   |            | TY-ST-ZIP                         | 1  |   |                              |                                 |                                 |                   |
| TITLE                   | <del>                                     </del>   | ☐ DELETE                                | 4.1 TII    |                                   | +-   |   |                              |                                 | ☐ Change                        | ☐ Addition        |
| NAME                    | and the same of th |   | 4.2 N      |                                   | 1  |   |                              |                                 |                                 | _                 |
|                         |  |   |            | REET ADDRESS                      | ,  |   |                              |                                 |                                 |                   |
| STREET ADDRESS          |  |   | 1          |                                   | 1  |   |                              |                                 |                                 |                   |
| CITY-ST-ZIP             |  | ☐ DELETE                                | 5.1 TH     | Y-ST-ZIP                          | +  |   |                              |                                 | ☐ Change                        | Addition          |
| TITLE                   |  |   | 5.1 III    |                                   |  |   |                              |                                 |                                 | <b>—</b> :        |
| NAME                    |  |   |            | REET ADDRESS                      |  |   |                              |                                 |                                 |                   |
| STREET ADDRESS          |  |   |            |                                   | 1  |   |                              |                                 |                                 |                   |
| CITY-ST-ZIP             |  | ☐ DELETE                                | 5.4 CI     | Y-ST-ZIP                          | +  |   |                              |                                 | ☐ Change                        | ☐ Addition        |
| TITLE                   |  |   | ŀ          |                                   | 1  |   |                              |                                 |                                 | C VOORVII         |
| NAME                    | {  |   | 6.2 NA     |                                   | .]   |   |                              |                                 |                                 |                   |
| STREET ADDRESS          |  |   |            | REET ADDRESS                      | •  |   |                              |                                 |                                 |                   |
| CITY-ST-ZIP             | } ,  |   | 6.4 CT     | Y-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 of the receiver or true tee 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 op an attachy of the corporation of the receiver of the corporation of the receiver or true tee 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 op an attachy of the corporation of

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR