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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037223 (1)

BLUE CHIP ROOFING, INC.

Principal Place of Business

8550 S. PARK RD. #8 HALLANDALE FL 33009			2690 S. PARK RD #8 HALLANDALE FL 33009-3800				•			
							3. Date Incorporated or Qualified			
ا ا	Place of Business	28. Ma	28. Mailing Address				4. FEI Number	_ 	A	pplied For
21	· · · · · · · · · · · · · · · · · · ·	26	· · · · · · · · · · · · · · · · · · ·				65-0582592			ot Applicabl
Suite, Apt. #, etc.		<u>├</u>	Suite, Apt #, etc.				5. Certificate of Status Desired		T	Additional
ZZ		[27]	27 City & State							equired
23	ie		¬ '				6. Election Campaign Financing	П		May Be
Zip	Country	28] Ziji		Country			Trust Fund Contribution	<u> </u>		to Fees
24	25	29		30]			8. This corporation has liability for Florida Statutes	intangible Yes [s. 199.032,
	9. Name and Address of Cur		d Agent				10. Name and Address of New Re			
MITT	CHELL, RICHARD			81	Na	ame		9		
	S PARK ROAD #10-13			-						
	LLYWOOD FL 83021			82	Str	reet Addres	s (P.O. Box Number is Not Acceptat	ole)		
				83						
\$ 1 m							7.72			
				84	Cit	ty		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1	508, Florida Stat	utes, the above	l e-nar	med corpor	ation submits this statement for the p		Changino i	ts registered
Office or	registered agent, or both, in the St am familiar with, and accept the ob-	alo of Horida S	Such chaoco wa	e authorized by	, the	corporation	n's board of directors. I hereby accep	of the app	pointment as	registered
		angudona on oc	00011007.00000	rionda Statute.	٥.					
SIGNATURE	Signature, typed or printed name of regulered	agent and little if app	dicable (N	OTE Hegistered Age	ntsgr	nature required	when reinstaling)	DATE		
12.	OFFICERS.	AND DIRECTO	₹S	13.			ADDITIONS/CHANGES TO OFFICE	ERS ANI	DIRECTOR	RS IN 12
TITLE	P		DELFTE	1.1 THEF		P.			Change	Addition
NAME	MITCHELL, RICHARD			1.2 NAME		14ic	hard Mitchell	•	•	
STATET ADDRESS	610-8: PARK RD.; #10-13°			1.3 STREET	ADDRI	888 115	tel SW 11 Street	_		
CITY-ST-ZIP	HOLLYWOOD FL 98021	-		1.4 CITY - S	1 - 74P	6	to SW 11 Street Dembroke Pine	5. F	L 3.	3025
TITLE			☐ DELETE	2.1 TILLE					Change	Additio
'NAME				2.2 NAME						
STREET ADDRESS	11.772	100		2.3 \$TREET	ADDR	ESS				
CITY-ST-ZIP	L			2. 4 CITY-	S1 - 7(P	,				
AUTLE		,	DELETE	3.1 101 E					Change	Addition
NAME				3.2 NAME						
STREET ADORESS				3.3 STREET	ADDR	£SS				
CITY-ST-ZIP				3.4 CITY-S	ST-7IP	,				
TITLE			DELETE	4.1 TITLE		1			Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE1	ADDRI	ESS				
CITY-ST-ZIP				4.4 CHY-S	1 - 7 1P					
TITLE			☐ D£LE1E	5 1 1IILE					Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	ADDRE	ESS				
CITY-ST-ZIP				5.4 CHY-S	1 - 7IP					

14. Ido 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 application of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

63 STREET ADDRESS

6 1 117LF

6.2 NAME

DELETE

TITLE

NAME

STREET ADDRESS

116.10- 00

and he

Change

Addition

FILED

Apr 25 1997 8:00am

Secretary of State

CR2E034 (9/96)