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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State.

	1996	DIVISION (OF CORPORATIONS		
DOCU	MENT # P9500	0061523 (3)		
1. Corporation	O Machia	•	0,		
ACTIO)n roofing services we	ST, INC.			
					<u> </u>
Principal Place	o of Business	Mailing Address			
9853 NORTH TAMIAMI TRAIL		9853 NORTH TAMIAMI TRAIL			
SUITE 208		SUITE 208	MI IHAIL		
NAPLES FL	33963	NAPLES FL 33963		3. Date Incorporated or Qualified 3a. [Date of Last Report
				08/09/1995	ale of Last Neport
	ace of Business	2a. Malling Address		4. FEI Number	Applied For
Suite, Apt.	# ok	26	**************************************	65-0610034	Not Applicable
22	#, esc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State	——————————————————————————————————————	6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
1 Zφ 24	Country	Zip	Country	8. This corporation has liability for intangible	
24)	25 9. Name and Address of Curren	29 Registered Agent	[30]	Florida Statutes Yes No 10. Name and Address of New Registere	
			81 Name	10. Name and Address of New Registers	o Agent
DIFALC	O, CHARLES		82 Street Add	ress (P.O. Box Number is Not Acceptable)	erte de laboration company en representation de laboration de company agency agency.
	.W. 81ST AVENUE		[]	ross (r.O. Box Number is Not Acceptable)	
CORAL	SPRINGS FL		83		
			84 City		85 Zip Code
11 Presugnit	n the provisions of Sections 607 0500	and 602 1600 Florido Clai	1 1	F	1 1 1
or registeri	ed agent, or both, in the State of Florid	a. Such change was author	ized by the corporation's boa	ration submits this statement for the purpose of a rd of directors. I hereby accept the appointment	changing its registered office as registered agent. I am
SIGNATURE	in the books the obligations of beatt	#1 007.0000, Florida Statute	55.		
	Signature, typod or primed name of registered agent a		OTE: Registered Agent signature require	€I when renstating) DATE DATE	
TITLE	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	···· <u>···</u> ·····························
NAME	DIFALCO, CHARLES	L.J Detere	1. 1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	1962 N.W. 81ST AVENUE		1.3 STREET ADDRESS		
CHY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY - ST - 7IP		
TITLE	0	DELETE	2. 1 THEF		Change Addition
NAME Otological	PATTERSON, BRUCE D 5141 PERIGNON WAY		2.2 NAME		
STREET ADDRESS CITY+S1-ZIP	CORAL SPRINGS FL 33067		2.3 STREET ADDRESS		
TILE	D	DELFTE	2 4 CITY - S1 - ZIP 3 1 TITLE		Channe C3 Addition
NAME	ATKINS, BRUCE S		32 NAME		Change
STREET ADDRESS	1599 S.W. BTH STREET		33. STREET ADDRESS	6194 Nicole Ct.	•
CITY-ST-Z.P	BOCA RAATON FL-83486		3.4 CHY-ST-ZIP	Sarasota, Fl 3424	3
1/1LE		DEFELE	4 1 107LE		Change Addition
NAME STREET ADDRESS			4.2 NAME		
CHY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY+S] - Z(P =	800001836 0 -05/23/9601010(Addition Addition
NAME			52 NAME	***200.00	MONION.
STREET ADDRESS			5.3 STREET ADDRESS	was har har & Tapl fact	
CITY-S1-7IP	T	Pros. 2	5.4 CITY-ST-7.F	Us	
TITLE		DELETE	6. 1 T.TLE		Change Addition
NAME STREET ADDRESS			6.2 NAME	(α')	
STREET ASURESS			6.3 STREET ADDRESS	1, e.	

64 CITY-S1-7iP

14. I do hereby certify that the information supplied with this filling is pluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplimental 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 their certification of the property of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changes, or open a gradule of visit an address.

SIGNATURE:

CR2E034 (12/95)