PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074438

R.P.M. F	ROOFING, INC.			1 (American) (14) 15 (5) (5) (6) (1) 15 (4) 15 (5) 15 (6)	ii t e es oson Jie eo	100 I I I I I I I I I I I I I I I I I I
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Principal Ptac	e of Business	Mailing Address	·		11 1 20 51 93011 01050	Elitor 40-en 1009
5425 NW 24TH	STREET	S425 NW 24TH STREET				
SUITE 208		SUITE 208				i
MARGATE FL 3	33063	MARGATE FL 33063		DO NOT WRITE IN TH	IS SPACE	 ;
Į US		us 🔪		3. Date Incorporated or Qualifed 09/26/1995		{ ;
<u></u>		A Address		4. FEI Number	T TAN	piled For
2. Principal P	Place of Business FNU SS AUC	2a. Mailing Address	0 55 AUC	65-0615864		t Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27 City & State				<u></u>
City & State			- =	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
23 MA 9	Country	Zip Zip	Country	8. This corporation owes the current year	-	
24 3304		29 33063 30	<i></i>	Personal Property Tax.		□No I
23, 2304	9. Name and Address of Current			10. Name and Address of New Registers	d Agent	
			81 Name			
1	IMAS, RANDY D NW 58TH AVENUE	-	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	•	
	RGATE FL FL330-63		83			
İ			24 67		85 Zip C	ada
{			84 City	<u> </u>		1 '
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp orized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its i cintment as reg	registered :
					_	
agent. 1 a	m familiar with, and accept the obligation	lons of, Section 607.0505, Florida	Stabytes.	~ L	220	ra l
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agent 1 a SIGNATURE 12. TILE NAME STREET ADDRESS. CITY-ST-ZIP	THOMAS, RANDY D 1324 NW 58TH AVENUE MARGATE FL 33063	AS LUTS, and the Mapphitable. (NOTE: Red)	13. 1.1 TITLE 12 NAME	Uses 4 Id when reinstating) DATE	-22-9	7 RS IN 12
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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 eath; 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZP

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90043 050 ***150.00