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**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087683 (5)
1. Corporation Name
R.O.C. ROOFING, INC.



Principal Place of Business: **6265 W. SAMPLE RD CORAL SPRINGS FL 33067**
Mailing Address: **6265 W. SAMPLE RD CORAL SPRINGS FL 33067-3175**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	7667 W. Sample Rd	26	7667 W. Sample Rd	11/15/1995	05/01/1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-1856228	<input type="checkbox"/> Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Coral Springs Fl.		Coral Springs Fl.		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33065	Broward	33065	Florida		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

GREG ROSS, P.A.
3 SW 129TH AVE, SUITE 208
PEMBROKE PINES FL 33027

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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: _____ (Signature, typed or printed name of registered agent and true if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNER, ROBERT		1.2	STREET ADDRESS	
STREET ADDRESS	6522 NW 53RD STREET		1.3	CITY - ST - ZIP	
CITY - ST - ZIP	CORAL SPRINGS FL 33067		2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.2	NAME	
NAME	LEWIS, PAUL W.		2.3	STREET ADDRESS	
STREET ADDRESS	6265 W. SAMPLE RD		2.4	CITY - ST - ZIP	
CITY - ST - ZIP	CORAL SPRINGS FL 33067		3.1	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	<input type="checkbox"/> DELETE	3.2	NAME	Lanier, Edward J.
NAME	LANISOR, EDWARD J.		3.3	STREET ADDRESS	
STREET ADDRESS	6265 W. SAMPLE RD		3.4	CITY - ST - ZIP	
CITY - ST - ZIP	CORAL SPRINGS FL 33067		4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.2	NAME	
NAME			4.3	STREET ADDRESS	
STREET ADDRESS			4.4	CITY - ST - ZIP	
CITY - ST - ZIP			5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.2	NAME	
NAME			5.3	STREET ADDRESS	
STREET ADDRESS			5.4	CITY - ST - ZIP	
CITY - ST - ZIP			6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.2	NAME	
NAME			6.3	STREET ADDRESS	
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 file 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: *Robert O'Conner*

4-3-97

CR2E034 (9/96)