SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT# P95000088817 1. Corporation Name

ATLAS COMMERCIAL ROOF SYSTEMS, INC.

FILED Sep 24, 1999 8:00 am Secretary of State 09-24-1999 90002 024 ***550.00



Dringing Stage	of Duninger	Mailing Address			80181 20181 10101 10181 1201 1801 1801	
Principal Place			•	·	(
9350 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33437 9350 W. BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437			,		,	
DOTATION DEA	V. 12 00 10.	SO MITON DEMONITE OF IO		DO NOT WRITE IN T	THIS SPACE	
				3. Date Incorporated or Qualified	,	
				11/20/1995		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
27 527 South "H" street 26 527 South "H			street	65-0627478	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	e worth FL	City & State 28 LAKE Worth	EL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country USA Zip Country				8. This corporation owes the current year	ar /	
24 37460 25 Patro Bent 29 73460 30 U				Intangible Personal Property.	Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			81 Name			
LUCIEN, RONALD J 9350 W. BOYNTON BEACH BLVD.			82 Street Add	treet Address (P.O. Box Number is Not Acceptable)		
BOYNTON BEACH FL 33437			83			
			84 City		FL 85 Zip Code	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 title if applicable. (NOTE: Registered Agent signature)						
12.	OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS		
TITLE	STD	DECENE	TITLE		Change Addition	
NAME	LUCIEN, JILL L		NAME		•	
STREET ADDRESS	9350 BOYNTON BEACH BLVD.		STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP			
TITLE	PD	C. Deceie	TITLE		Change Addition	
NAME	LUCIEN, RONALD J		NAME			
STREET ADDRESS	9350 BOYNTON BEACH BLVD.		STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP			
TITLE	VP	DECETE	TITLE		Change Addition	
NAME	WEBSTER, STEVE		NAME			
STREET ADDRESS	9350 W BOYNTON BCH BLVD	3.3	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH FL		CITY-ST-ZIP			
TITLE		L Decerie	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS		4.3	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		C. Deterie	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-\$T-ZiP	4-47-18		
TITLE		C Detroit	TITLE		Change Addition	
NAME		L/	NAME			
STREET ADDRESS		6.3	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	440 07(0)() Fladd- Clather 14 "	wife that the information	
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 securate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comparting or the receiver or trustee entry trustee entry.						

in Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE:

199 (581)588-7001