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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 9500 00902 69			
1. Corporation Name: HOBEL Roofing, INC			
Principal Place of Business: 867 NE 30 STREET OAKLAND PARK, FL 33334		Mailing Address: P.O. Box 70633 FT LAUDERDALE, FL 33307-0633	
2. Principal Place of Business: 21 867 NE 30 STREET Suite Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25		2a. Mailing Address: 26 State Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30	
9. Name and Address of Current Registered Agent ROBERT J. MARTINEZ			
10. Name and Address of New Registered Agent 81 Name: ED HOBEL 82 Street Address (P.O. Box Number is Not Acceptable): 867 NE 30 STREET 83 84 City: OAKLAND PARK FL 85 Zip Code: 33334			
11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to be in the State of Florida. I, the undersigned, was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and consent to the filing of this statement, to be in full effect, Florida Statutes.			
SIGNATURE: Ed Hobel Robert J. Martinez DATE: 6-9-98			
12. OFFICERS AND DIRECTORS: TITLE: PRES ☐ DELETE NAME: ED HOBEL STREET ADDRESS: 867 NE 30 STREET CITY, ST, ZIP: FT LAUDERDALE, FL 33307 TITLE: VICE PRES ☐ DELETE NAME: SANDRA SABO STREET ADDRESS: 867 NE 30 STREET CITY, ST, ZIP: FT LAUDERDALE, FL 33307 TITLE: SECR. ☐ DELETE NAME: PHIL RAK STREET ADDRESS: 867 NE 30 STREET CITY, ST, ZIP: FT LAUDERDALE, FL 33307 TITLE: DIRECTOR ☐ DELETE NAME: ROBERT J. MARTINEZ STREET ADDRESS: 867 NE 30 STREET CITY, ST, ZIP: FT LAUDERDALE, FL 33307 TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY, ST, ZIP: TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY, ST, ZIP:			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 14 TITLE: ☐ Change ☐ Addition 15 NAME: 16 STREET ADDRESS: 17 CITY, ST, ZIP: 18 TITLE: ☐ Change ☐ Addition 19 NAME: 20 STREET ADDRESS: 21 CITY, ST, ZIP: 22 TITLE: ☐ Change ☐ Addition 23 NAME: 24 STREET ADDRESS: 25 CITY, ST, ZIP: 26 TITLE: ☐ Change ☐ Addition 27 NAME: 28 STREET ADDRESS: 29 CITY, ST, ZIP: 30 TITLE: ☐ Change ☐ Addition 31 NAME: 32 STREET ADDRESS: 33 CITY, ST, ZIP: 34 TITLE: ☐ Change ☐ Addition 35 NAME: 36 STREET ADDRESS: 37 CITY, ST, ZIP: 38 TITLE: ☐ Change ☐ Addition 39 NAME: 40 STREET ADDRESS: 41 CITY, ST, ZIP: 42 TITLE: ☐ Change ☐ Addition 43 NAME: 44 STREET ADDRESS: 45 CITY, ST, ZIP: 46 TITLE: ☐ Change ☐ Addition 47 NAME: 48 STREET ADDRESS: 49 CITY, ST, ZIP: 50 TITLE: ☐ Change ☐ Addition 51 NAME: 52 STREET ADDRESS: 53 CITY, ST, ZIP: 54 TITLE: ☐ Change ☐ Addition 55 NAME: 56 STREET ADDRESS: 57 CITY, ST, ZIP: 58 TITLE: ☐ Change ☐ Addition 59 NAME: 60 STREET ADDRESS: 61 CITY, ST, ZIP: 62 TITLE: ☐ Change ☐ Addition 63 NAME: 64 STREET ADDRESS: 65 CITY, ST, ZIP:			

14. I hereby certify that the information supplied on this form is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the corporation has authorized me to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, as applicable.

SIGNATURE: **Ed Hobel** **6-9-98** **954-563-9687**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)