

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000090274 (8)**

1. Corporation Name
BISCAYNE ROOFING OF FLORIDA, INC.



Principal Place of Business 12400 SW 33RD ST MIRAMAR FL 33013	Mailing Address 12400 SW 33RD ST MIRAMAR FL 33027-2911
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3. Date Incorporated or Qualified 11/22/1995	3a. Date of Last Report 08/08/1996
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2. Principal Place of Business 21 1070 E. 52 ST Suite, Apt. #, etc.	2a. Mailing Address 26 1070 E. 52 ST Suite, Apt. #, etc.
22 City & State 23 HIALEAH FL	27 City & State 28 HIALEAH FL
24 Zip 33013	25 Country DADE
29 Zip 33013	30 Country DADE

4. FEI Number 65-0680458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LAING, CONSTANCE R
12400 SW 33RD ST
MIRAMAR FL 33013

10. Name and Address of New Registered Agent

81 Name RONALD A. LAING
82 Street Address (P.O. Box Number is Not Acceptable)
83 3301 SW 137 AVE
84 City MIRAMAR
85 Zip Code FL 33027

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 607.0506, Florida Statutes.

SIGNATURE: *Ronald A. Laing* **RONALD A. LAING** DATE: **1/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAING, CONSTANCE R		1.2 NAME LAING, RONALD A.	
STREET ADDRESS 12400 SW 33RD ST		1.3 STREET ADDRESS 3301 SW 137 AVE	
CITY-ST-ZIP MIRAMAR FL 33013		1.4 CITY-ST-ZIP MIRAMAR, FL 33027	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: *Ronald A. Laing* **RONALD A. LAING** DATE: **1/15/97** (305) 688-7663

CR2E034 (9/96)