


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

FILED

Apr 16 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 # P95000094486 (4) 1. Corporation Name ROOF CONSULTANTS ASSOC. INC.			
Principal Place of Business Byron Engsko 2322 Cypress Bend Dr. S. Pompano Beach, FL 33069		Mailing Address Byron Engsko 2322 Cypress Bend Dr. S. Pompano Beach, FL 33069	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 12/13/1996		3a. Date of Last Report 12/18/1996	
4. FEI Number 65-0625044		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Byron Engsko 2322 Cypress Bend Dr. S. Pompano Beach, FL 33069		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE: PRES NAME: Byron Engsko STREET ADDRESS: 2322 Cypress Bend Dr. S. CITY-ST-ZIP: Pompano Beach, FL 33069 <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V.P. NAME: John Engsko STREET ADDRESS: 2322 Cypress Bend Dr. S. CITY-ST-ZIP: Pompano Beach, FL 33069 <input type="checkbox"/> DELETE		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032, 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 in the body of an attachment with an address.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BYRON ENGSKO		APRIL 9, 1997 934-491-5359 Date Daytime Phone	

CR2E034 (9/96)