


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

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P95000094486</u> 1. Corporation Name ROOF CONSULTANTS ASSOCIATES, INC.					
Principal Place of Business 2322 S. Cypress Bend Drive Apt. D 707 Pompano Beach, FL 33060			Mailing Address 2322 S. Cypress Bend Drive Apt. D 707 Pompano Beach, FL 33060		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
9. Name and Address of Current Registered Agent Engskow, Byron 2322 S. Cypress Bend Drive, Apt. D 707 Pompano Beach, FL 33060			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 607.0605, Florida Statutes. SIGNATURE: <u>Byron Engskow</u> DATE: <u>4/13/98</u>					
12. OFFICERS AND DIRECTORS PT <input type="checkbox"/> DELETE NAME: Engskow, Byron STREET ADDRESS: 2322 S. Cypress Bend Drive, Apt. D 707 CITY-ST-ZIP: Pompano Beach, FL 33060 VS <input type="checkbox"/> DELETE NAME: Engskow, Joan STREET ADDRESS: 2322 S. Cypress Bend Drive, Apt. D 707 CITY-ST-ZIP: Pompano Beach, FL 33060			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 5000025004015 -04/27/98-01009-017 ***150.00		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u>Byron Engskow</u> DATE: <u>4/13/98</u> 954-491-5357					

CR2E034 (10/97)