

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

FILED
Apr 18 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 # P96000017802 (5)

1. Corporation Name
J & J ROOFING SERVICES, INC.



Principal Place of Business 61 N.E. 46TH STREET FT. LAUDERDALE FL 33334	Mailing Address 61 N.E. 46TH STREET FT. LAUDERDALE FL 33334-1543
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3. Date Incorporated or Qualified 02/27/1996	3a. Date of Last Report _____
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2. Principal Place of Business 21 4822 NE12TH AVE	2a. Mailing Address 26 4822 NE12TH AVE.	4. FEI Number 65 065 3768	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. _____	27. Suite, Apt. #, etc. _____	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State FORT LAUDERDALE FL	28. City & State FT. LAUDERDALE FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33334	25. Country USA	29. Zip 33334	30. Country USA

9. Name and Address of Current Registered Agent DICKSON, JEFF J 61 N.E. 46TH STREET 4822 NE12TH AVE FT. LAUDERDALE FL 33334 ✓		10. Name and Address of New Registered Agent	
81 Name DICKSON JEFF J	82 Street Address (P.O. Box Number is Not Acceptable) 4822 NE12TH AVE	83	
84 City FT. LAUD	85 Zip Code FL 33334		

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: *Jeffrey J Dickson* **JEFFREY DICKSON** DATE: **4/4/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DICKSON, JEFF J		1.2 NAME DICKSON JEFF J	
STREET ADDRESS 61 N.E. 46TH STREET		1.3 STREET ADDRESS 5200 NW 31ST AVE #B30	
CITY-ST-ZIP FT. LAUDERDALE FL 33334		1.4 CITY-ST-ZIP FT. LAUD FL 33309	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME MENDELL AMN	
STREET ADDRESS		2.3 STREET ADDRESS 5200 NW 31ST AVE #B30	
CITY-ST-ZIP		2.4 CITY-ST-ZIP FT. LAUD FL 33309	
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: *Jeffrey J Dickson* **JEFFREY DICKSON** DATE: **4/4/97** DAYTIME PHONE: **954 772 2781**

CP2E034 (9/96)