


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 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 # **P96000054662 (7)**

1. Corporation Name
BONNEMA ROOFING, INC.



Principal Place of Business 801 N MAGNOLIA AVE SUITE 201 ORLANDO FL 32803	Mailing Address 801 N MAGNOLIA AVE SUITE 201 ORLANDO FL 32803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7951 BARWOOD STREET		2a. Mailing Address 26 7951 BARWOOD STREET		3. Date Incorporated or Qualified 06/26/1996	3a. Date of Last Report N/A
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3388609	Applied For Not Applicable
City & State 23 ORLANDO, FL		City & State 28 ORLANDO, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 32835	Country 25 U.S.A.	Zip 29 32835	Country 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees.
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABRAMS, LEHN E
801 N MAGNOLIA AVE SUITE 201
ORLANDO FL 32803**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P
NAME	ABRAMS, LEHN E	1.2 NAME	DARL K. BONNEMA
STREET ADDRESS	801 N MAGNOLIA AVE SUITE 201	1.3 STREET ADDRESS	7951 BARWOOD STREET
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE		2.1 TITLE	D/VP/S/T
NAME		2.2 NAME	RAY FORDHAM
STREET ADDRESS		2.3 STREET ADDRESS	193 THE SYCAMORES
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MILTON, CAMBRIDGE U.K. CB4-62H
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: **DARL K. BONNEMA** 9/12/97 (407) 295-8266

CR2E034 (4/97)