

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

FILED  
Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**

1. Corporation Name

P96000061851  
ARCON INDUSTRIES, INC (FORMERLY KNOWN AS "EMANUEL ROOFING, INC")

Principal Place of Business

Mailing Address

1820 THOMAS ST.  
HOLLYWOOD, FL

1820 THOMAS ST  
HOLLYWOOD, FL

3. Date Incorporated or Qualified

3a. Date of Last Report

7/22/96

N/A

2. Principal Place of Business

2a. Mailing Address

21 1959 NW 55 AVE

26 1959 NW 55 AVE.

4. FZI Number

Applied For

65-0686890

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

23 MARLBOROUGH, FL

28 MARLBOROUGH, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33063

33023

8. This corporation has liability for intangible tax under s. 199.032.  
Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

EMANUEL CARACU  
1820 THOMAS ST.  
HOLLYWOOD, FL 33020

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D/P  
EMANUEL CARACU  
1820 THOMAS ST  
HOLLYWOOD, FL 33020

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

000002127760  
-03/28/97--01128--046  
\*\*\*165.00

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 934-979-9400  
3/14/97  
Daytime Phone #

CR2E034 (9/96)