SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000065992 (5)

STEVE'S INTEGRITY ROOFING, INC.

Principal Place of Business	ess Mailing Address							
3474 GAINSBORO EL JOBEAN FL 32033 US	P O BOX 12 ENGLEWOOD FL 34295 US				DO NOT WRITE IN THIS <b>S</b> PACE			
					3. Date Incorporated or Qualified			
					08/05/1996			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For		
21 11099 Mctadden Hve.	26				65-0686425	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23 Englewood, FL	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zipi Country	Zip	Cou	ntry		8. This corporation owes or has paid the cur	rent year Intangible		
24 34223 25 U.S	29	30			Personal Property Tax due June 30.	Yes No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
IZZO, JOHN P			81	Name				
180 N INDIAN AVE SUITE #5 ENGLEWOOD FL 34223-2959			82 Street Address (P.O. Box Number is Not Acceptable)					
			В3	3				
			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.

agent. I	registered agent, or both, in the State of Florida. S am f <b>am</b> iliar with, and accept the obligations of, se	ction 607.0505, Flori	ida Statutes.	poration's board of directors. I nereby accept the ap	pointment as re	gistered
SIGNATURE						
12.	Signature, typed or printed name of registered agent and title if appli OFFICERS AND DIRECTO		E: Registered Agent signatu	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	1	DELETE	1.1 TITLE	YP.	Change	Addition
NAME	AMES, MYRON		1.2 NAME	Scat. Wilson W.	Ollange	143 Madiabil
STREET ADDRESS	12214 MAITZ AVE		13 STREET ADDRESS	Scott, Wilson W. 184mclau Rd. South pt. 1		
CITY-ST-ZIP	PT CHARLOTTE FL	_	1.4 CITY-ST-ZIP	Englewood, FL 34223		
TITLE	40	DELETE	2.1 TITLE	3	Change	Addition
NAME	Reeves Colin	<b>)</b> -	2.2 NAME			
STREET ADDRESS	99 Wentworth Ave		2.3 STREET ADDRESS			
CITY-ST-ZIP	Englewood FL 34223		2.4 CITY-ST-ZIP	L		
TITLE	3	DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME	<u> </u>	_	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.5 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Fiorida 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 sceiver or trustor empowers 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 a attachment with an address.

SIGNATURE: 1941-474-4774

CRAEUS4 (5/98)

**FILED** 

Sep 24 1998 8:00am

Secretary of State