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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B: Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000074556 (7)

R&J ROOFING OF DADE, INC.

Principal Place of Business	Mailing Addres

**FILED** Jun 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address  880 N.W. 1ST AVE.  800A RATON FL 33432 BOCA RATON FL 33432-2604							
2. Principal Place of Business 2a. Mailing Address			4. FEI Number		Applied For		
21	26		65-0671186		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country	Zip	Countr	У	8. This corporation has liability for intangible tax under s. 199		er s. 199.032,	
24 25	29	30		Florida Statutes Yes No			
9, Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent		
LAMB, JOSEPH K SR.		61	Name				
680 N.W. 1ST AVE. BOCA RATON FL 33432		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
		83	3				
•		84	City		FL 85 Z	ip Code	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.	2 and 607.150B, Florida Statu of Florida. Such change was ttions of, Section 607.0505, Fl	les, the above authorized b orida Statute	e-named corporal the corporal s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changin of the appointment	g its registered as registered	
SIGNATURE							
Signature, typed or printed name of registered ager	··		gent signature requi	ired when reinstating)	DATE:	000 (11.40	
172. OFFICERS AND  1/11LE HOUSE SENT / DIRECT		13.		ADDITIONS/CHANGES TO OFFIC	Chang		
NAME INCOM K. Lami	a.S.C.	1.2 NAME				je 🗀 Addition	
STREET ADDRESS SECONDO 75+ AND	,,,,,,		1 ADDRESS				
No.	<b>2</b> 33437						
TITLE FOCA KONTY (-C	Anna IO' HOTILE	1.4 CITY- 2.1 TITLE	51-ZIF		Chang	ge Addition	
NAME JOSEPH K. Lando 1	אינטשווען יישא	2.2 NAME	.			,	
STREET ADDRESS TO NU 151 Ave		1	T ADDRESS				
CITY-ST-ZIP SOCCUPALTON G	28432	2.4 DITY					
TITLE	DELETE	3.1 TITLE	DI EN		Chang	ge Addition	
NAME		3.2 NAME					
STREET ADDRESS		- E	1 ADDRESS				
CITY-ST-ZIP		3.4. CITY	ì	·			
TITLE	DELETE	4.1 TITLE	-		Chang	ge Addition	
NAME		4. 2 NAMI	.				
STREET ADDRESS			1 ADDRESS				
CITY-ST-ZIP		4.4 CITY-					
TITLE	☐ DELETE	5.1 TITLE			☐ Chang	ge 🔲 Addition	
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREE	T ADDRESS				
City-ST-ZIP		5.4 CITY-					
TITLE	DELETE	6.1 TITLE			☐ Chang	ge 🔲 Addition	
NAME		6.2 NAME					
STREET ADDRESS			T ADDRESS				
CITY-ST-7IP		64 CITY.	1				

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment within address.