

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

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000100134 (1)

1. Corporation Name

GOLD STAR ROOFING, INC.

Principal Place of Business

Mailing Address

1538 NORTHEAST 17 TERRACE  
FORT LAUDERDALE FL 33304

1538 NORTHEAST 17 TERRACE  
FORT LAUDERDALE FL 33304-1332



3. Date Incorporated or Qualified

3a. Date of Last Report

12/11/1996

4. FEI Number

65-0711804

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☒

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 1538 NE 17th Terrace  
Suite, Apt #, etc.

22 City & State  
FORT LAUDERDALE Florida

23 Zip Country  
33304 Broward

24 33304 25 Broward

2a. Mailing Address

26 1538 NE 17th Terrace  
Suite, Apt #, etc.

27 City & State  
FORT LAUDERDALE Florida

28 Zip Country  
33304 Broward

29 33304 30 Broward

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MANJIT KAUR

82 Street Address (P.O. Box Number is Not Acceptable)

1538 NE 17th Terrace

83

84 City

FORT LAUDERDALE FL

85

Zip Code  
33304

\*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

MANJIT KAUR

MANJIT KAUR

4/25/97

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME KANDOLA, BALBIR S  
STREET ADDRESS 1538 NORTHEAST 17 TERRACE  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE VTD  
NAME KAUR, MANJIT  
STREET ADDRESS 1538 NORTHEAST 17 TERRACE  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE TREASURER  
NAME AMARJIT KANDOLA  
STREET ADDRESS 1538 NORTHEAST 17 TERRACE  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

AMARJIT KANDOLA BALBIR SINGH KANDOLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-566-8494

Daytime Phone # 0008161

CR2E034 (9/96)