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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000047090 (0)

RAINGUARD ROOFING CORPORATION

Principal Place of Business
1520 S.W. 32ND STREET
FORT LAUDERDALE FL 33315

STREET ADDRESS

DITY-ST-ZIP

TITLE

Mailing Address

1520 S.W. 32ND STREET

FILED Jan 16 1998 8:00am Secretary of State



FORT LAUDERDALE FL 33315 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country This corporation owes or has paid the current year Intangible Country Yes. □ No Personal Properly Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KAREYVA, ALBERT J III 81 Name 1520 S.W. 32ND STREET 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33315 83 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.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Addition Change TITLE 1.1 TITLE RESIDENT 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CHY- \$1 - 7IP CITY-ST-ZIP Addition Change 2 1 1IILE ICE - PRESIDENT TITLE KAREYVA, HOLLY NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 33315 2. 4 CITY - ST - ZIP CITY-ST-ZIF Change DELETE ■ Addition TITLE 3.1 TITLE 3.2 NAME NAME

NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - \$1 - 7IP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.9 STREET ADDRESS CITY ST ZIP

3.3 STREET ADDRESS

3.4. CITY - ST - ZIP

4.1 TITLE

5.4 CITY - ST - ZIP DELETE Addition Change 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET AUDRESS

6.4 CITY - ST - ZIP CITY-ST-ZW 14. Thereby 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 eath; 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.

TV0011001 1-5-98 CIGNATURE.

DELETE

Change

Addition