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

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # P97000	0047429 (0)			
	A ROOFING, INC.				######################################
Principal Plac	a of Business	Mailing Address			EIRII IRDII OFDID INGFO IRII IDRI
		•	L/PAN (P		
SUITE B-14 SUITE B-1		4731 WEST ATLANTIC A SUITE B-14	VENUE		
		DELRAY BEACH FL 33445		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
A Dringing I D	lace of Business	2a. Mailing Address		05/29/1997 4. FEI Number	Applied For
21 Principal r	lace of Business	26. Walling Address		65-075-5101	Applied For Not Applicable
Suite, Apt.	#, otc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible Yes No
24	25] 9. Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Register	
CII			81 Name		
GILLESPLIE, R BOWEN III 1515 SOUTH FEDERAL HWY SUITE 300					
			B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
	CA RATON FL 33432		83		
1			84 City		. 85 Zip Code
					* L
SIGNATURE	Signature typed or protect come of regularies ages	Land tille il injoheatin (NO	It Registered Agent signature req		Ē
12.	• OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE NAME	CIAMBRONE, THOMAS J	_ ottin	1.1 TILLE 1.2 NAME		C cutailite C whoiting
STREET ADDRESS	4731 W ATLANTIC AVE, STE I	B-14	1,3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STRFET ADDRESS		
CITY - ST - ZIP		- I see the	2 4 CITY - ST - ZIP		L Obrasia L Address
TITLE		☐ DETEAE	3 1 TITLE		Change Addition
NAME PERFECT ADDRESS			3 2 NAME		
STREET ADDRESS City-St-Zip			3 3 STREET ADDRESS 3 4 CHY-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	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	DELETE	5.4 CiTY-ST-ZiP		Change Addition
TITLE		□] brreit	6.1 TITLE 6.2 NAME		CONTRACT CONTRACTOR
NAME STREET ADORESS			6.3 STREET ADDRESS		
			0.3 STILLET ADDITION		

14. I 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 arroual 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 charged, or on an algorithment with an address

561-495-9400

FILED

Feb 26 1998 8:00am

Secretary of State