

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90240 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name S + J Enterprises INC. DBA AS NATIVE ROOFING		6309 Sterling Rd P.O. Box 245 Davie FL 33314	
Principal Place of Business Broward County		Mailing Address 6309 Sterling Rd Po Box 245 Davie FL 33314	
2. Principal Place of Business 21 Broward Co. Suite, Apt. #, etc. 22		2a. Mailing Address 26 6309 Sterling Rd Po Box 245 Suite, Apt. #, etc. 27	
City & State 23 DAVIE FL. Zip 24 33314		City & State 28 DAVIE FL Zip 29 33314	
Country 25 Broward		Country 30 Broward	
9. Name and Address of Current Registered Agent James H Anderson 8934 N.W. 15 ct. Pembroke Pines FL 33024			
10. Name and Address of New Registered Agent 81 Name JAMES H ANDERSON 82 Street Address (P.O. Box Number is Not Acceptable) 8934 N.W. 15 ct. 83 84 City Pembroke Pines FL 85 Zip Code 33024			
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 <u>James H Anderson</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
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			

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 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, with all other like empowered.

SIGNATURE: JAMES H. ANDERSON James H Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-99

Date

954-473-6666

Daytime Phone #

CR2E034 (11/98)