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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000010575**1. Corporation Name

ALL COUNTY ROOFING, INC.

Principal Place	e of Business	Mailing Address							
5322 EDHAM ROAD WEST PALM BEACH FL 33415		5322 EDHAM ROAD WEST PALM BEACH FL 33415							
						DO NOT WRIT	E IN THIS	SPACE ·	
						3. Date Incorporated or Qualifed			
						02/02/1998		 	
Principal Pl	lace of Business	2a. Mailing Address				#59-3186931			Applied For
21		26				4-37-3186 131			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certifcate of Status Desired	×		Additional Required
22		27							
City & State	e .	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution	 .		d to Fees
Zip	Country	Zip		intry		8. This corporation owes the curre	ent year Inta	angible Yes	ĺ X No
24	25	29	30			Personal Property Tax. 10. Name and Address of New R	egistered (
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New I	egistered /	-tgo:nt	
RFR	INSTEIN, ALAN			"					
4869-4 OKECHOBEE BLVD.				82	Street Addres	ss (P.O. Box Number is Not Accepta	ble)		
WEST PALM BEACH FL 33417			83					1 2 2 3	
.3.							· ·		
				84	City		EI	85 Zip	Code
	to the provisions of Sections 607.05	00 007 4500 Florida S	Chatutas the el	<u> </u>	namad sama	ration submits this statement for the	nurnose of	changing i	ts registered
office or r	registered agent or both in the State	a of Florida. Suich chande v	vas authorized	ดดงแ	he corporation	's board of directors. I hereby accep	the appoir	itment as	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505	5, Florida Stati	lutes.					
SIGNATURE			MOTE Declared	d A	signature required to	uhon reinelation	DATE		
40	Signature, typed or printed name of registered ag	ND DIRECTORS	13.		Signature requires	ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
12.	D	□ DELE				, , , , , , , , , , , , , , , , , , , ,		☐ Change	
NAME	HOVER, KEVIN	_	1.2 N						
STREET ADDRESS	FOOD EDITALS DOAD		13.57	TREET	ADDRESS				
	WEST PALM BEACH FL 3341	5		ITY-ST-	ļ				-
CITY-ST-ZIP	WEST THEM SENSITIES	☐ DELE							
NAME		_	a		ŧ			Change	e 🔲 Addition
			22 N		İ		<u> </u>	☐ Change	e
STREET ADDRESS	,		2.2 N/ 2.3 ST	IAME	ADDRESS			Change	e [] Addition
O.T. (07 7/17			2.3 \$1	IAME TREET	ADDRESS			☐ Change	e Addition
CITY-ST-ZIP		☐ DELE	2.3 S1 2.4 C	IAME TREET /				☐ Change	
TITLE		□ OELE:	2.3 ST 2.4 C TE 3.1 TI	IAME TREET / CITY-ST TILE					
TITLE NAME:		☐ DELE:	2.3 ST 2.4 C TE 3.1 TI 3.2 N	TREET / CITY-ST TITLE	r-zip				
TITLE NAME: STREET ADDRESS		☐ DELE	2.3 ST 2.4 C TE 3.1 TI 3.2 No 3.3 ST	IAME TREET / CITY-ST TILE IAME	ADDRESS				
TITLE NAME: STREET ADDRESS CITY- ST-ZIP		☐ DELE	2.3 \$1 2.4 C TE 3.1 TI 3.2 N/ 3.3 \$1 3.4. C	IAME OTTY-ST OTTY-ST OTTE IAME OTTY-ST	ADDRESS				e Addition
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90042 014 ***158.75