SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra R. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 (4)**DOCUMENT #** V05105 ALL ATLAS ROOFING OF SOUTH FLORIDA, INC. Mailing Address Principal Place of Business 2113 LINCOLN STREET 2113 LINCOLN STREET HOLLYWOOD FL 33020 3a. Date of Last Report HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 02/22/1995 01/09/1992 Applied For 4. FEI Number Mailing Address Not Applicable 28 2. Principal Place of Business 65-0302487 26 \$8.75 Additional 21 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 22 6. Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199.032, 23 Country Zip Yes No Country Zip Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 Name KUCHLER, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) 82 2113 LINCOLN STREET HOLLYWOOD FL 33020 83 Zip Code 85 FL 84 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) (3/8)Signature, typed or printed harve of registered agent and tide if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Politica Criange 12. DELETE 11 THILE CR2E034 PD TITLE 1.2 NAME KUCHLER, MICHAEL NAME 1 3 STREET ADDRESS 5430 NW 66 STREET ADDRESS 14 CITY - ST - ZIP Change Addition **CORAL SPRINGS FL** CITY - ST - ZIP 2.1 Title DELETE SD TITLE 2.2 NAME KUCHLER, NICOLE NAME 2 3 STREET ADDRESS 5430 NW 66 STREET ADDRESS 2 4 CITY - ST - 2IP Change Addition **CORAL SPRINGS FL** CITY-ST-ZIP DELETE TITLE EVANS, RICHARD NAME 3 3 STREET ADDRESS 3711 SW 46 AVE STREET ADDRESS 34 CITY-ST-71P Change \_\_\_\_ Addition HOLLYWOOD FL CITY - ST - ZIP DELETE 41 BUE TITLE 4 2 NAME EVAND, MICHAEL NAME 4 3 STREET ADDRESS 4510 SW 31 DR STREET ADORESS 4 4 CITY - ST - ZIP Change Addition HOLLYWOOD FL CITY-ST-ZIP DELETE 5 1 TITLE TITLE 5.2 NAME COLON, GARY NAME 5 3 STREET ADDRESS 2410 ARCADIA DR STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition MIRAMAR FL CHTY-ST-ZIP DÉLETE. 6 1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS 64 UTY-ST-ZIP

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 truther 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 truther 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 the truther certify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address STREET ADDRESS CITY-ST-ZIP 21

0024394

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR