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FILED  
May 14, 1999 8:00 am  
Secretary of State

05-14-1999 90001 034 \*\*\*450.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V05105**

1. Corporation Name

**ALL ATLAS ROOFING OF SOUTH FLORIDA, INC.**

Principal Place of Business

2113 LINCOLN STREET  
HOLLYWOOD FL 33020

Mailing Address

2113 LINCOLN STREET  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/09/1992**

4. FEI Number

**65-0302487**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**KUCHLER, MICHAEL T**  
**2113 LINCOLN STREET**  
**HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KUCHLER, MICHAEL</b>	
STREET ADDRESS	<b>5430 NW 66</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>KUCHLER, NICOLE</b>	
STREET ADDRESS	<b>5430 NW 66</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>EVANS, RICHARD</b>	
STREET ADDRESS	<b>3711 SW 46 AVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>EVAND, MICHAEL</b>	
STREET ADDRESS	<b>4510 SW 31 DR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>COLON, GARY</b>	
STREET ADDRESS	<b>2410 ARCADIA DR</b>	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/99**  
Date

**749-2467**  
Daytime Phone #

CR2E034 (11/98)