FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

V33174

(6)

DOCUMENT #

1. Corporation Name SIMI ESS ROOFING & CARPENTRY, INC.

1715 WINDFIELD RD. SOUTH
Maling Address



1715 WINDFIELD RD. SOUTH CLEARWATER FL 34616			1715 WINDFIELD RD. SOUTH CLEARWATER FL 34616		Date Incorporated or Qualified	3a. Date o		
					04/30/1992	10	/09/199	
Principal Place of Business 2a. Mailing Address					4, FEI Number			polled For
[26]					59-3118642	Not Applica		
Suite, Apt #, etc. Suite. Apt #, etc.					5. Certificate of Status Desired		T -	Additional lequired
27								`
City & State City & State					6. Election Campaign Financing			May Be to Fees
3 28					Trust Fund Contribution			
Ζφ	Country	Z(\$)	Cour	ntry	This corporation has liability for Florida Statutes		under 5	155,002,
25 29 30			[30]		10. Name and Address of New Registered Agent			
	9. Name and Address of Co	irrent Hegistered Agent		81 Name	IV. Name and Address		_	
			82 Street Addi	ess (P.O. Box Number is Not Acceptat	ole)			
	th St. North		1	83				
SUITE 406-5				-				
PINELLAS PARK FL 34666			ì	84 City		FL	85 Zu) Code
					ration submits this statement for the pured of directors. Thereby accept the app	roose of char	ngino its n	egistered offic
familiar with	n, and accept the obligations of,	d agest as 15% if an Andre	%5.	Agent signal are tecore	anton submits this statement for the period of directors. Thereby accept the appeared with the period of the perio	CA't		
12.		S AND DIRECTORS	13.	715	ACCOMO CONTROL O TO CO.] Change	Addition
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NAME				NAME				
STREET ADDRESS			6.3	STREET ADDRESS				

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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.

SIGNATURE: \(\)

17,27.96 447-5692