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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V33174

(6)

SIMLESS ROOFING & CARPENTRY, INC.

Principal Place of Business	Mailing Address	
1715 WINDFIELD RD. SOUTH CLEARWATER FL 34616	1715 WINDFIELD RD. SOUTH CLEARWATER FL 34616-2459	
		3
2. Principal Place of Business	2a. Mailing Address	

FILED May 07 1997 8:00am Secretary of State



						Date Incorporated or Qualified 04/30/1992		08/01/1996		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For	
21		26				59-3118642		1	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>ት </u>			5. Certificate of Status Desired	5. Certificate of Status Desired			
City & Stat	е	City & State	hang Yan			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Z(p)	30	intry	/	8. This corporation has liability for in	tangible t		s 199 032,	
· =.:/	g. Name and Address of Curre		1271	Ī		10. Name and Address of New Reg	stered A	gent		
7AR	OLOTNY, ZYGMUNT STEVE			81	Name					
8800 49TH ST. NORTH SUITE 408-5				82	C)	Add DO Do Al about his According			·- .	
				82	Street	Address (P.O. Box Number is Not Acceptable	?)		,	
	ELLAS PARK FL 34666			83						
	CLENO I MIN I E 01000			84	Cily		FI	85 Zı	p Cade	
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change w ations of, Section 607.0505	as authorize , Florida Stat	d by tutes	y the corp s.	corporation submits this statement for the pu poration's board of directors. I hereby accept	rpose of the appo	changing intment a	its registered is registered	
	Signature, typed or printed name of registered ag			d Age	ent argnaruré	required when reinstaing)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13. 13.11	111	_··· ·	ADDITIONS/CHANGES TO OFFICE		Change		
1	BERDYCHOWSKI, KAZIMIERZ	LJ Otterk	1		į		ı		. LT Wommon I	
NAME	1715 WINDFIELD RD. SOUTH		1.2 N						ļ	
STREET ADDRESS					ADDRESS				ŧ	
CITY-ST-ZIP				ST- 21P			Change	Addition		
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NAME			22 N						1	
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CITY-ST-ZIP									i	
TITLE				ILE	SI-7IP			Change	Addition	
NAME	*		62 N		Ì		,			
STREET ADDRESS					ADDRESS				Į	
			1							
CITY-ST-ZIP	by certify that the information supplies	od with this filing done not a			mption c	lated in Section 119 (17/3)(i) Florida Statutes	Liuthor	cortify the	al tho	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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.