


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

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V34187 (7)
 1. Corporation Name
NEIGHBORHOOD ROOFING, INC.

Principal Place of Business 7509 BRANCH STREET HOLLYWOOD FL 33024	Mailing Address 7509 BRANCH STREET HOLLYWOOD FL 33024-5337
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2. Principal Place of Business 21 5103 County RD 17 S.		2a. Mailing Address 26 5103 County RD. 17 - S		3. Date Incorporated or Qualified 05/11/1992	3a. Date of Last Report 04/22/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0330628	Applied For Not Applicable
23 City & State SEBRING FLA.		28 City & State SEBRING FLA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33870	25 Country HIGHLANDS	29 Zip 33870	30 Country HIGHLANDS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PLAYTER, NORMAN 7509 BRANCH STREET HOLLYWOOD FL 33024				10. Name and Address of New Registered Agent	
				81 Name BONNIE L. PLAYTER	
				82 Street Address (P.O. Box Number is Not Acceptable) 5103 County ROAD 17 South	
				83	
				84 City SEBRING	85 Zip Code FL 33870

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 Bonnie L. Playter BONNIE L. PLAYTER 2/5/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRES. & V. PRES	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLAYTER, NORMAN			1.2 NAME	BONNIE L. PLAYTER		
STREET ADDRESS	7509 BRANCH ST			1.3 STREET ADDRESS	5103 County ROAD 17 South		
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CITY-ST-ZIP	SEBRING FLA 33870		
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLAYTER, BONNIE			2.2 NAME			
STREET ADDRESS	7509 BRANCH ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE Bonnie L. Playter Bonnie L. Playter 2-5-97 941-382-1764

CR2E034 (9/96)