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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

MACENITEE	ROOFING.	INC
MILENIEE	MUUTING.	INU.



Principal Place o	f Business	Ma	niling Address								
4425 NW 81 T CORAL SPRIN		1	B581 W MCNAB RD TAMARAC FL 33321								
US		,	US .				<ol> <li>Date Incorporated or Qualified 07/06/1992</li> </ol>	3a. D	ate of Las 01/27/	1995	
Principal Plac	ce of Business	2a.	Mailing Address				4. FEI Number		  -	<del></del>	olied For
		26					65-0343131				Applicable
Suite, Apt. #.	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		F	ee Re	dditional quired
City & State		ļ,	City & State				Election Campaign Financing     Trust Fund Contribution				May Be
l		28		Cour	nin.		This corporation has liability for	intanoibl			
Zιρ	Country	-	Zip	30	nuy		Fiorida Statutes X Yes		)		
	25 9. Name and Address of Curre	29 ent Regis	itered Agent	130)			10. Name and Address of New F	Register	ed Agent		
	g, Hame and Address of General				B1	Name					
WILLIAM	I, WILLIAM			}	82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)			
	MCNAB RD				02	Street Addi	655 (				
	C FL 33321				83						
					64	City			. 65	Zip (	Code
						Ť	ation submits this statement for the pure of directors. Thereby accept the app		·L		
2.	OFFICERS A	IND DIREC	CIORS								3 // -
	Signatural Specifier printed having of registered agr			13.					AND DIRE	CIOR	5 IN 12
· · · · · · · · · · · · · · · · · · ·	DD:				TITLE		ADDITIONS/CHANGES TO OF	-IUENS I	☐ Cha		Addition
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ile Ame Ireft address	MCENTEE, MICHAEL A 4425 NW 81ST TERRACE	MACO DO LES		1.1 TI 1.2 N/ 1.3 SI	AME		ADDITIONS/CHANGES TO OF	-ICERS)	☐ Cha	nge	
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certify that the information indicated on this annual report of supplemental annual report is true and accorde and that my signature analities of sale last catheters and 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 Statian appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #