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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V63989** (0)

1. Corporation Name

ALL PRO ROOFING & BUILDING INSPECTIONS, INC.



Principal Place of Business

**2150 NW 9TH AVENUE
FT. LAUDERDALE FL 33311
US**

Mailing Address

**2150 NW 9TH AVENUE
FT. LAUDERDALE FL 33311
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**SHORT, LARRY
1116 NW 30TH ST
WILTON MANORS FL 33311**

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 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

Signature type for printed name of officer or director

Signature type for printed name of officer or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME **PD
SHORT, LARRY**
STREET ADDRESS **1116 NW 30TH ST**
CITY-STATE-ZIP **WILTON MANORS FL**

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

TITLE ☐ DELETE

9. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

TITLE ☐ DELETE

13. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

TITLE ☐ DELETE

17. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

TITLE ☐ DELETE

21. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

TITLE ☐ DELETE

25. TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY A. SHORT, PRESIDENT

Larry A. Short

3/26/96

954-763-1440

English Version

CR2E034 (12/95)