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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

1997

DOCUMENT # V63989

CITY-ST-ZIP

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ALL PRO ROOFING & BUILDING INSPECTIONS, INC.

Principal Place of Business Mailing Address 2150 NW 9TH AVENUE 2150 NW 9TH AVENUE FT. LAUDERDALE FL 33311-4032 FT. LAUDERDALE FL 33311 a. Date of Last Report 04/01/1996 Date Incorporated or Qualified 09/14/1992 Principal Place of Business 4. FEI Number Mailing Address Applied For 65-0354902 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032. 24 ▼ Yes □ No 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SHORT, LARRY 81 Name 1116 NW 30TH ST 82 Street Address (P.O. Box Number is Not Acceptable) WILTON MANORS FL 33311 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE Change TITLE 1.4 TITLE SHORT, LARRY NAME 1 D NAME 1116 NW 30TH ST STREET ADDRESS 1.B STREET ADDRESS WILTON MANORS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.4 TRLE Addition NAME 2.2 NAME STREET ADDRESS 2 R STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3 H TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.B STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y - S1 - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.B STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE [] Change Addition 5.4 TITLE 5.2 NAME STREET ADDRESS 5.B STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZIP TOUR DELETE 64 TITLE Change Addition NAME 6.P NAME STREET ADDRESS 6.B STREET ADDRESS

ATURE: 4/33/97 954-763-1440

14. Ido 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