Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90249 005 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

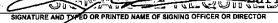
DOCUMENT # **V63989**

1, Corporation Name

ALL PRO ROOFING & BUILDING INSPECTIONS, INC.

							 -		.	,	BIBII WI		
Principal Place of Business Mailing Address							1						
170 NE 32 COURT 170 NE 32 COURT							Ì						
OAKLAND PARK FL 33334-136			OAKLAND PARK FL 33334-136				- 1	DO ALOT MUDITE IN THIS SPACE					
US			US				-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
	. •						3.	09/14/1992	.u				
2. Principal Place of Business 2a. Mailing Address								4. FEI Number Applied For					
-	aca of Business	·- - ·	ing Address			ء	· • ** *·	65-0354902		- -	+ ' '	Applicable	
21	# oto	26 Suite	e, Apt. #, etc.					00 0004002		\$8.		ditional	
Suite, Apt. :	+, etc.	⊢ ¬	├ \			5.	5. Certificate of Status Desired Fee Required						
22 Situ & State	<u>. </u>	27 City	City & State										
City & State	·	— ·	⊢ '			6.	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees						
23 Zip	Country	28 Zip		Cou	ntrv			This corporation owes the c	urrent year Inta			 -	
─ `	25	29		30	,		, e.	Personal Property Tax.		Yes		⊒No I	
24	9. Name and Address of Curre		Agent	30			10.	Name and Address of Nev		·			
	9. Name and Address of Curr	ent registered			81	Name	,,,,						
SHO	rt, Larry												
1116 NW 30TH ST			,	82 Street Addres			ess (P.O. Box Number is Not Acceptable)						
WILT	ON MANORS FL 33311				83			<u> </u>	- <u></u> -				
					84	City			FL	85	Zip C	ode	
								4 11 11 1 -4-4		hanai	na ita t		
office or r	to the provisions of Sections 607.00 egistered agent, or both, in the State	e of Florida, Su	ich change was a	uthorized	l bv i	the corpora	ation's bo	oard of directors. I hereby acc	cept the appoin	tment	as reg	istered	
agent. I ai	n familiar with, and accept the obli	gations of, Sect	ion 607.0505, Fio	nda Siau	nes.	•							
SIGNATURE	Signature, typed or printed name of registered a	annt and title if applic	able (NOTE	· Registered	Agen	t signature requ	uired when I	reinstating)	DATE				
12.		AND DIRECTO	<u></u>	13.		,		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRI	ECTOR	RS IN 12	
TITLE	PD		DELETE	1.1 TF	LE.					Ch		☐ Addition	
NAME	SHORT, LARRY			1.2 N	MF								
	1116 NW 30TH ST					ADDRESS							
STREET ADDRESS	WILTON MANORS FL				TY-S1							i	
CITY-ST-ZIP TITLE	THE OH MANONO TE		DELETE	2.1 Tr		1-20			.,	Ch	ange	Addition	
				2.2 N		- [_	•	_	
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STREET ADDRESS	• • •		• •					•				ļ	
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NAME	•			3.2 N/									
STREET ADDRESS						ADORESS							
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πr.E			☐ DELETE	4.1 TT						Ц	ange	☐ Addition	
NAME				4. 2 N	AME	İ		•					
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NAME				5.2 N									
STREET ADDRESS				5.3 \$1	REET	ADDRESS		•					
CITY-ST-ZIP				5.4 CI		Γ-ZIP							
TITLE			☐ DELETE	6.1 TT						[] Ch	ange	Addition	
NAME .				6.2 N	ME]							
STREET ADDRESS	•			6.3 ST	REET	ADDRESS							

14. I 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, with all other like empowered.



954-568-4866