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CORPO	RATION		FLORIDA DEPARTME Kathorine H Escretory of S	State		
ANNUAL 196-19	REPORT		DIVISION OF CORF		99 SEP 21	AH 11: 22
OCUME Corporation Na	ENT#			,	SECRETATI TALLAHASSI	r of <b>state</b> ee, <b>florida</b>
27 <i>5</i> 9 5	YIS ROO		NC, Mailing Address 2759 5 W Z MIAMI, 7L		3. Date Incorporated or Quelfied SEPT 25, 1992	A RPACE
2. Principal Plac	A AL MILLIAME	Т	2a. Mailing Address	44 ST	65-0364775	Not Applies
72759	5W 243		27595WZ Sulle, Apr. 11, otc.	431	5. Certificate of Status Desired	\$8.75 Additions
Suite, Apr. #,	alc.		27		a. Election Compaign Financing	\$5.00 May Be
Cily & State	44 74		City & Stoto	76	Total Build Contribution	
is MIAN		untry	Zip	COUNTY	This corporation ewes the curr Personal Property Tax.	
3314	5 [25]	USA	20 33145		10. Name and Address of New	Registered Agent
	9. Name and A	ddress of Current	legistered Agent	81 Namo	ARY BOTTORFF	p# \$
06	perusso			62 Street Add	WASS IP O. Box Number is Not Accept	able)
	ON MINO	RCA AV	4	2759	7 SUL ZY ST	
c	onal GABL	18,72 3313	34	63		88 Zip Code
				84 City	AMI	FL 33/45
· 		755 6462	and ANY IRDA Floride Stotutos	, the above-named co	Ark / rporation submits this statement for in- rition's board of directors. I hereby acc	ebt the ebbojument as tedistered
11. Pursuani 1	o the provisions of	both, in the State of	Florida. Such change was au	lhorizad by the corport de Statutos	MOUS COSIG AL PROGRESSION	9-23-95
agant. I ar	Ti lantillar with, and	accept the postory	D GARY BOTTO	nff Prosi	DENT	PAIC
SIGNATURE	William What at MIPM	Number of requisions apply	A to the it applicable. (NOTTE:	Registered Agent Ingiliators requ	ADDITIONS/CHANGES TO C	PFICERS AND DIRECTORS IN
12.		OFFICERS AND	DELETE	1.1 TITLE		
1UT	GARY B	TOPOFF	<b>PR 4 4 5 5 5</b>	15 NAME	1000	03006231
NAME		2431		1.3 STREET ADDRESS	-11	0/05/99-01078-1
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CITY ST. 3P	minmi,		OGLETE	E. I TITLE		
tille	1			STHAME		
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TITLE			广 ∩ereie	4, 2 NAME		
NAME				43 STREET ADDRESS		
1	1			E AM ALLINGS LINES AND I	1	

14. I horoby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes. I further certify that the information indicated on this amount report or supplemental annual report is the and accurate and that my signature shall have the same legal effect as if made under carb; 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, Floride Statutes, I further certify that the information of the carbon that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with oil other like empowered.

SIGNATURE:

AND CERTIFICATIONS AND PRINTED AND STATUTE OF PRINTED AND

44 City-ST-ZP

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Addition

Bary's Roofing, Inc.

2759 SW 24th Street ♦ Miami, Florida 33145
Phone 305-431-4491 ♦ Fax 305-445-3618 ♦ Email garywb@belleouth.net

September 23, 1999

Reinstatement Board Florida Department of State Division of Corporations

Dear Sirs,

I am requesting that you waive the \$600.00 fine associated with my failure to file my annual corporate reports. The reasons I did not file this were due to oversight and were not intentional. I previously had filed several reports and have not requested you waive fines before. As my address changed in late 1995 I did not receive notices to file and did not realize the filing requirement was in effect. I have now included with this request my reinstateent request filing and fees for the years 96-99. Thank you very much for your considerations.

Sincerely,

President

Gary's Roofing, Inc.