

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 25, 1996 08:00 AM
Secretary of State

DOCUMENT # **V68395** (5)

1. Corporation Name
R. FREDERICKS ROOFING, INC.



Principal Place of Business: **5604 PGA BLVD. SUITE 109 PALM BEACH GARDENS FL 33418**
Mailing Address: **5604 PGA BLVD. SUITE 109 PALM BEACH GARDENS FL 33418**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	5610 PGA Blvd.	26	5610 PGA Blvd.	10/02/1992	05/01/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22	Ste # 114	27	Ste # 114	65-0362645	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Palm Beach Gardens, Fl	28	Palm Beach Gardens, Fl	<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	33418 USA	29	33418 USA	<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SABATELLO, CARL M 5604 PGA BLVD., SUITE 107 PALM BEACH GARDENS FL 33418		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	5610 PGA Blvd. Ste # 114
		83	
		84 City	Palm Beach Gardens FL 85 Zip Code 33418

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: _____ (NOTE: Registered Agent signature required, when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATELLO, CARL M.	1.2 NAME	
STREET ADDRESS	5604 PGA BLVD.	1.3 STREET ADDRESS	5610 PGA Blvd. Ste # 114
CITY-ST-ZIP	PALM BEACH GRDNS FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33418
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATELLO, THEODORE P.	2.2 NAME	
STREET ADDRESS	5604 PGA BLVD.	2.3 STREET ADDRESS	5610 PGA Blvd Ste. # 114
CITY-ST-ZIP	PALM BEACH GRDNS FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33418
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATELLO, MICHAEL J., JR	3.2 NAME	
STREET ADDRESS	5604 PGA BLVD.	3.3 STREET ADDRESS	5610 PGA Blvd. Ste # 114
CITY-ST-ZIP	PALM BEACH GRDNS FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33418
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATELLO, PAUL T.	4.2 NAME	
STREET ADDRESS	5604 PGA BLVD.	4.3 STREET ADDRESS	5610 PGA Blvd. Ste # 114
CITY-ST-ZIP	PALM BEACH GRDNS FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33418
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ DATE: 1/29/96 (407) 626-7600

CR2E034 (12/95)