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Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000655 (2)

1. Corporation Name
BEST ROOFING TECHNOLOGY, INC.



Principal Place of Business: POST OFFICE BOX 10803, RALEIGH NC 27605
Mailing Address: POST OFFICE BOX 10803, RALEIGH NC 27605-0803

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 01/24/1996
4. FEI Number: 56-1616029
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country
25 Zip Country
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30 Zip Country

9. Name and Address of Current Registered Agent
WARREN, RALPH
18 LAUREL OAKS DR.
SUITE 204
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
81 Name: Ricky Bash
82 Street Address (P.O. Box Number is Not Acceptable): 1327 Hartley Cr
83
84 City: Deltona FL 85 Zip Code: 32725

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: Ricky Bash
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 1/9/97

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	DUDLEY, MARY	
STREET ADDRESS	1108 NOWELL ROAD	
CITY - ST - ZIP	RALEIGH NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPPMAN, MARK	
STREET ADDRESS	1108 NOWELL ROAD	
CITY - ST - ZIP	RALEIGH NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNES, DIANNE	
STREET ADDRESS	1108 NOWELL ROAD	
CITY - ST - ZIP	RALEIGH NC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARNES, DAVID	
STREET ADDRESS	1108 NOWELL ROAD	
CITY - ST - ZIP	RALEIGH NC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARNES, DAVID	
STREET ADDRESS	1108 NOWELL ROAD	
CITY - ST - ZIP	RALEIGH NC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LIPPMAN, MARK	
STREET ADDRESS	1108 NOWELL ROAD	
CITY - ST - ZIP	RALEIGH NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Mary C. Dudley
Signature typed or printed name of signing officer or director
DATE: 1/9/97
Daytime Phone #: (919) 851-3009

CR2E034 (9/96)