

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

95 APR 18 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004834 (8)

1. Corporation Name:
MAK ROOFING & WATERPROOFING, INC.

Principal Place of Business SUITE F 502 4651 ROSWELL ROAD ATLANTA GA 30342 1042 CONCORD RD. SMYRNA, GA 30080	Mailing Address SUITE F 502 4651 ROSWELL ROAD ATLANTA GA 30342 1042 CONCORD RD. SMYRNA, GA 30080
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/26/1993	3a. Date of Last Report 04/04/1994
4. FEI Number 58-1997516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**C T CORPORATION SYSTEM
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 the change agent) (Signature typed or printed name of registered agent and also notary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME KING, MICHAEL A	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4651 ROSWELL ROAD SUITE F 502	CITY ST ZIP ATLANTA GA 30342	12 NAME	
		13 STREET ADDRESS 1042 CONCORD RD.	
TITLE TDS	NAME SCHULTZ, EVAN M	14 CITY ST ZIP SMYRNA, GA 30080	
STREET ADDRESS 4651 ROSWELL ROAD SUITE F 502	CITY ST ZIP ATLANTA GA 30342	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		22 NAME	
		23 STREET ADDRESS 1042 CONCORD RD.	
		24 CITY ST ZIP SMYRNA, GA 30080	
		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY ST ZIP	
		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY ST ZIP	
		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY ST ZIP	
		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		62 NAME	
		63 STREET ADDRESS	
		64 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 110 07(3)(b), Florida Statutes. I further certify that the information indicated on this original 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: Michael A. King
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL A. KING FOR: MAK ROOFING & WATERPROOFING, INC.
 Date: **4/12/95**
 Principal Office: **404 488 8929**