

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

APPROVED AND FILED

MAY 11 AM 8:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P92000005604 (3)

A-1 ABLE ROOTER, INC.

DETAILS WRITE IN THIS SPACE

1. Principal Office (Mailing Address)		2a. Mailing Address		3. Date the Corporation is Quoted	3a. Date of Last Report
9420 S.W. 51 COURT COOPER CITY FL 33328		9420 S.W. 51 COURT COOPER CITY FL 33328		11/18/1992	03/28/1994
2. Principal Office of Business	2a. Mailing Address	4. FEI Number	Applies for		
21	26	65-0379185	Not Applicable		
22. State App # etc.	27. State App # etc.	5. Certificate of Status Expires		\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>			
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>			
24. Other Information	25. Other Information	29. Other Information		30. Other Information	
24	25	29	30	8. This corporation has liability for information for under 5-1300 WFLA, Florida Statute: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
ZERO, MICHAEL 9420 S.W. 51 COURT COOPER CITY FL 33328		81. Name		
		82. Street Address (P.O. Box Number, if Not Applicable)		
		83.		
		84. City	FL	85. Zip Code

11. I, the undersigned, certify that I am the duly authorized officer of the corporation and that the information furnished herein is true and correct to the best of my knowledge and belief. I am the duly authorized officer of the corporation as provided by Chapter 607, Florida Statute.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (P. 12)	
NAME	P ZERO, MICHAEL 9420 S.W. 51 COURT COOPER CITY FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	D ZERO, DEIRDRE 9420 S.W. 51 COURT COOPER CITY FL 33328	2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C PERKINS, PHIL 6300 SW 6TH STREET PEMBROKE PINES FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		4. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am duly qualified to make the same. I am the duly authorized officer of the corporation as provided by Chapter 607, Florida Statute, and that my name appears in Block 12 of this filing as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-95 680-8831