

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

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95 MAY 10 PM 6:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **P92000005604 (3)**  
1. Corporation Name  
**A-1 ABLE ROOTER, INC.**

Principal Place of Business: **9420 S.W. 51 COURT COOPER CITY FL 33328**  
Mailing Address: **9420 S.W. 51 COURT COOPER CITY FL 33328**

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country, 29. Zip, 30. Country

3. Date Incorporated or Qualified: **11/18/1992**  
3a. Date of Last Report: **05/11/1995**  
4. FEI Number: **65-0379185**  
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

g. Name and Address of Current Registered Agent  
**ZERO, MICHAEL  
9420 S.W. 51 COURT  
COOPER CITY FL 33328**

10. Name and Address of New Registered Agent (81-84)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City, 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>P</b>	1. TITLE
NAME	<b>ZERO, MICHAEL</b>	12. NAME
STREET ADDRESS	<b>9420 S.W. 51 COURT</b>	13. STREET ADDRESS
CITY-ST-ZIP	<b>COOPER CITY FL</b>	14. CITY-ST-ZIP
TITLE	<b>D</b>	2. TITLE
NAME	<b>ZERO, DEIRDRE</b>	22. NAME
STREET ADDRESS	<b>9420 S.W. 51 COURT</b>	23. STREET ADDRESS
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	24. CITY-ST-ZIP
TITLE	<b>C</b>	3. TITLE
NAME	<b>PERKINS, PHIL</b>	32. NAME
STREET ADDRESS	<b>6300 SW 6TH STREET</b>	33. STREET ADDRESS
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	34. CITY-ST-ZIP
TITLE		4. TITLE
NAME		42. NAME
STREET ADDRESS		43. STREET ADDRESS
CITY-ST-ZIP		44. CITY-ST-ZIP
TITLE		5. TITLE
NAME		52. NAME
STREET ADDRESS		53. STREET ADDRESS
CITY-ST-ZIP		54. CITY-ST-ZIP
TITLE		6. TITLE
NAME		62. NAME
STREET ADDRESS		63. STREET ADDRESS
CITY-ST-ZIP		64. CITY-ST-ZIP

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\*\*\*225.00 \*\*\*225.00

*APR 10*

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 or attached to an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-96  
DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

CR2E034 (12/95)