

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000005604 (3)**  
 1. Corporation Name  
**A-1 ABLE ROOTER, INC.**



Principal Place of Business <b>9420 S.W. 51 COURT COOPER CITY FL 33328</b>	Mailing Address <b>9420 S.W. 51 COURT COOPER CITY FL 33328</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 <b>5722 S. Flamingo Rd</b>		3. Date Incorporated or Qualified <b>11/18/1992</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 <b>#270</b>		4. FEI Number <b>65-0379185</b>	
City & State 23		City & State 28 <b>Ft Laud., FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24	Country 25	Zip 29 <b>33380</b>	Country 30 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
g. Name and Address of Current Registered Agent <b>ZERO, MICHAEL 9420 S.W. 51 COURT COOPER CITY FL 33328</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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: *Deirdre Zero* DATE: **3-27-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZERO, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>9420 S.W. 51 COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZERO, DEIRDRE</b>	2.2 NAME	
STREET ADDRESS	<b>9420 S.W. 51 COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	2.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERKINS, PHIL</b>	3.2 NAME	
STREET ADDRESS	<b>6300 SW 6TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33023</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, DONALD C</b>	4.2 NAME	
STREET ADDRESS	<b>18721 SW 49TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33331</b>	4.4 CITY-ST-ZIP	
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 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: *Deirdre Zero* DATE: **3-27-98** (954) 680-8831

CR2E034 (10/97)