

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:36

DOCUMENT # P93000071430 (1)

1. Corporation Name
AABCO ROOFING, INC.

Principal Place of Business
1717 SW 1ST WAY
DEERFIELD BCH FL 33064
US

Mailing Address
1717 SW 1ST WAY
DEERFIELD BCH FL 33064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/14/1993
3a. Date of Last Report 03/07/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0441989		Applied For <input type="checkbox"/> Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SLATKIN, SHELDON T 9900 WEST SAMPLE ROAD SUITE 400 CORAL SPRINGS FL 33065				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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) (Print or printed name of registered agent and title if applicable)

(Signature) (Print or printed name of registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAMULARO, RAYMOND	1.2 NAME	
STREET ADDRESS	4157 N DIXIE HIGHWAY	1.3 STREET ADDRESS	1717 SW 1 WAY #10
CITY, ST, ZIP	POMPANO BEACH FL 33064	1.4 CITY, ST, ZIP	DEERFIELD BEACH FL 33064
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAMULARO, CARL JR	2.2 NAME	
STREET ADDRESS	4157 N DIXIE HIGHWAY	2.3 STREET ADDRESS	1717 SW 1 WAY #10
CITY, ST, ZIP	POMPANO BEACH FL 33064	2.4 CITY, ST, ZIP	DEERFIELD BEACH, FL 33064
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAZZA, JOHN	3.2 NAME	
STREET ADDRESS	4157 N DIXIE HIGHWAY	3.3 STREET ADDRESS	1717 SW 1 WAY #10
CITY, ST, ZIP	POMPANO BEACH FL 33064	3.4 CITY, ST, ZIP	DEERFIELD BEACH FL 33064
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		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		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 declare by certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.01(3)(B), 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. 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 of this report, or on an attachment with my address.

SIGNATURE: *Carl Famularo Sec.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL FAMULARO Sec.

1-12/95 305-426-8500
Date Telephone