

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified  
**10/14/1993**

3a. Date of Last Report  
**01/18/1995**

4. FLE Number  
**65-0441989**

Applied For  
Not Applicable

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

10. Name and Address of New Registered Agent

9. Name and Address of Current 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

**FL**

85 Zip Code

11. Pursuant to two provisions of Sections 607.0507 and 607.1505, 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 607.0507, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 NAME	<b>D</b>	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	<b>FAMULARO, RAYMOND 1717SW 1 WAY #10 DEERFIELD BEACH FL</b>	
12.3 CITY, ST, ZIP	<b>D</b>	<input type="checkbox"/> DELETE
12.4 NAME	<b>FAMULARO, CARL JR 1717 SW 1 WAY #10 DEERFIELD BEACH FL</b>	
12.5 STREET ADDRESS	<b>D</b>	<input type="checkbox"/> DELETE
12.6 CITY, ST, ZIP	<b>PALAZZA, JOHN 1717 SW 1 WAY #10 DEERFIELD BEACH FL</b>	
12.7 NAME		<input type="checkbox"/> DELETE
12.8 STREET ADDRESS		
12.9 CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information furnished 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 in 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 assignee or assignor authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am not an officer or director with an address.

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

1/25/96 426-8500

CR2E034 (12/95)