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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 576821

1. Corporation Name

ROZAP, INC.

May 08, 1999 8:00 am
Secretary of State 05-08-1999 90041 004 ***150.00

FILED

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Principal Place of Business	Mailing Address				
1990 SUNRISE BLVD FT. LAUDERDALE FL 33304	1990 Sunrise BLVD Ft. Lauderdale Fl 33304				
			DO NOT WRITE IN THE	S SPACE	
			Date Incorporated or Qualified		
			06/23/1978		
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For	
21	26		59-1933955	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Country	8. This corporation owes the current year I	ntangible	
24 25	29 30		Personal Property Tax.	Yes □No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registere	d Ágent	
		81 Name			
STUART ENGSTROM		82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
1990 E. SUNRISE BLVD.		62 Sileer AC	idless (F.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33304		83			
		84 City	F	85 Zip Code	
office or registered agent, or both in	ns 607.0502 and 607.1508, Florida Statutes, th h the State of Florida. Such change was author t the obligations of, Section 607.0505, Florida S	ized by the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered ointment as registered	
SIGNATURE Signature, typed or printed name of	registered agent and title if applicable. (NOTE: Regis	tered Agent signature requ	uired when reinstating) DATE		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 1.1 TITLE TITLE CASTELLANO, PAUL 1.2 NAME NAME 1990 E. SUNRISE BLVD 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE CASTELLANO, JOSEPH 22 NAME NAME 1990 E SUNRISE BLVD 2.3 STREET ADDRESS STREET ADDRESS FT-LAUDERDALE FL-2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE GALGANO, FRANK 3.2 NAME NAME 2485 E SUNRISE BLVD. #202 3.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 34. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE GALGANO, HELEN 4.2 NAME NAME 2485 E SUNRISE BLVD, #202 4.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CiTY-ST-ZIP □ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)