

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

**FILED**

**Mar 20 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F94000001477 (8)**

1. Corporation Name  
**ROOT INTERNATIONAL INVESTMENTS, INC.**



Principal Place of Business  
**525 FENTRESS BOULEVARD  
DAYTONA BEACH FL 32114  
US**

Mailing Address  
**P.O. BOX 2660  
DAYTONA BEACH FL 32120-2660**

<b>3.</b> Date Incorporated or Qualified <b>03/22/1994</b>	<b>3a.</b> Date of Last Report <b>02/13/1996</b>
<b>4.</b> FEI Number <b>59-3231195</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>21.</b> Suite, Apt. #, etc.	<b>26.</b> Suite, Apt. #, etc.
<b>22.</b> City & State	<b>27.</b> City & State
<b>23.</b> Zip	<b>28.</b> Zip
<b>24.</b> Country	<b>29.</b> Country

**9. Name and Address of Current Registered Agent**

**VOGES, WILLIAM J  
525 FENTRESS BOULEVARD  
DAYTONA BEACH FL 32114**

**10. Name and Address of New Registered Agent**

<b>81.</b> Name	
<b>82.</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83.</b>	
<b>84.</b> City	<b>FL</b>
<b>85.</b> Zip Code	

**11.** Pursuant to the provisions of Sections 607.0552 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 \_\_\_\_\_ (None) Registered Agent signature required when reinstating. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRAHAM, SUSAN R</b>	
STREET ADDRESS	<b>525 FENTRESS BOULEVARD DAYTONA BEACH FL</b>	
CITY, ST, ZIP	<b>PD</b>	<input type="checkbox"/> DELETE
TITLE	<b>ROOT, CHAPMAN J II</b>	
NAME	<b>525 FENTRESS BOULEVARD DAYTONA BEACH FL 32114</b>	
STREET ADDRESS	<b>VSD</b>	<input type="checkbox"/> DELETE
CITY, ST, ZIP	<b>VOGES, WILLIAM J</b>	
TITLE	<b>525 FENTRESS BOULEVARD DAYTONA BEACH FL</b>	
NAME	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	<b>PERRY, DRU W</b>	
CITY, ST, ZIP	<b>525 FENTRESS BOULEVARD DAYTONA BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DITTBENNER, EILEEN M</b>	
STREET ADDRESS	<b>525 FENTRESS BOULEVARD DAYTONA BEACH FL 32114</b>	
CITY, ST, ZIP	<b>VP</b>	<input type="checkbox"/> DELETE
TITLE	<b>DEVIS, JAMES L.</b>	
NAME	<b>525 FENTRESS BLVD DAYTONA BEACH FL</b>	
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Richard L. McGrane</b>	
13 STREET ADDRESS	<b>525 Fentress Bouelvard Daytona Beach, FL 32114</b>	
14 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<b>D</b>	
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	<b>Assistant Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**14.** I do 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 included 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 owner 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: *James L. Devis*  
James L. Devis, President

3/17/97

(904) 258-4700

CR2E034 (9/96)