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1997 JUN 20 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J86345 (2)
1. Corporation Name
ROCHE SURETY, INC.

Principal Place of Business: **ROCHE SURETY, INC. TAMPA FL 33619 US**
Mailing Address: **1910 ORIENT ROAD TAMPA FL 33619-3354 US**

3. Date Incorporated or Qualified: **08/10/1987**
3a. Date of Last Report: **03/04/1996**
4. FEI Number: **59-2835007**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**ROCHE, ARMANDO
1910 ORIENT RD.
TAMPA FL 33619**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROCHE, ARMANDO	
STREET ADDRESS	12130 FORT KING HWY	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROCHE, LINDA	
STREET ADDRESS	12130 FORT KING HWY	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HURLBURT, HELEN	
STREET ADDRESS	5251 54TH AVENUE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, GILBERT M.	
STREET ADDRESS	1719 ELK SPRING DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROCHE, SHANNON	
STREET ADDRESS	12130 FORT KING HWY	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALTER M. LOPEZ	
1.3 STREET ADDRESS	5215 NEPTUNE WAY	
1.4 CITY-ST-ZIP	TAMPA, FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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7/17/97
6/20/97

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 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: _____ SIGNATURE REQUIRED: *Sandra B. Mortham* 6/17/97 (912) 633-5712

CR2E034 (9/96)