

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J86345 (2)
 1. Corporation Name
ROCHE SURETY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
ROCHE SURETY, INC. TAMPA FL 33619 US		1910 ORIENT ROAD 1910 ORIENT ROAD TAMPA FL 33619 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	08/10/1987	59-2835007
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	Applied For
22	27	<input type="checkbox"/>	Not Applicable
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29	30	

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE
NAME	LOPEZ, WALTER M	
STREET ADDRESS	5215 NEPTUNE WAY	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RODRIQUEZ, 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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 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; that I am duly 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.

SIGNATURE: 

CR2E034 (10/97)