

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K10241** (3)

1. Corporation Name

ROE RESEARCH, INC.



Principal Place of Business

**1131 S.E. 3RD AVENUE
FT. LAUDERDALE FL 33316-1109**

Mailing Address

**1131 S.E. 3RD AVENUE
FT. LAUDERDALE FL 33316-1109**

3. Date Incorporated or Qualified
12/31/1987

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0021003

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROE, BRUCE C
1131 SE THIRD AVE.
FT. LAUDERDALE FL 33316**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **ROE, BRUCE C**
STREET ADDRESS **1131 S.E. 3RD AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP** ☐ DELETE

NAME **CHIASSON, VAL K**
STREET ADDRESS **1131 SE 3RD AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VP** ☒ DELETE

NAME **TARKOE, ZILAH**
STREET ADDRESS **1131 SE 3RD AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **Secretary/Treasurer** ☐ DELETE

NAME **Alice Moses**
STREET ADDRESS **1131 SE 3 AVE.**
CITY-ST-ZIP **FT. Lauderdale FL 33316**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Sec/Treas.
Alice Moses
1131 SE 3 AVE
FT. LAUD., FL 33316

14. I do hereby certify that the information supplied 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 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:

Bruce C Roe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/94 (954) 763-8033
Date Telephone #

CR2E034 (12/95)