

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 # **L49412**

(4)

1. Corporation Name

JACQUIE ROEHL, INC.



Principal Place of Business

**JACQUIE ROEHL
9375 SW 185 STREET
MIAMI FL 33157**

Mailing Address

**JACQUIE ROEHL
9375 SW 185 STREET
MIAMI FL 33157**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	County	29	County
25		30	

9. Name and Address of Current Registered Agent

**ROEHL, JACQUIE
9375 SW 185 STREET
MIAMI FL 33157**

3. Date Incorporated or Qualified

02/13/1990

3a. Date of Last Report

06/12/1995

4. FEI Number

65-0171178

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

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 607.0102 and 607.1506, 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 of person making the change (for the Treasurer)

Signature of person making the change (for the Secretary)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	D ROEHL, JACQUELYN F.	☐ DELETE
12.2 STREET ADDRESS	9375 SW 185 STREET	
12.3 CITY-STATE-ZIP	MIAMI FL	
12.4 TITLE		☐ DELETE
12.5 NAME		
12.6 STREET ADDRESS		
12.7 CITY-STATE-ZIP		
12.8 TITLE		☐ DELETE
12.9 NAME		
12.10 STREET ADDRESS		
12.11 CITY-STATE-ZIP		
12.12 TITLE		☐ DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY-STATE-ZIP		
12.16 TITLE		☐ DELETE
12.17 NAME		
12.18 STREET ADDRESS		
12.19 CITY-STATE-ZIP		

13.

13.1 NAME		☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-STATE-ZIP		
13.5 TITLE		☐ Change ☐ Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		
13.9 TITLE		☐ Change ☐ Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		
13.13 TITLE		☐ Change ☐ Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 or person 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:

Jacquelyn F. Roehl
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

329-96

305-251-4823

CR2E034 (12/95)