FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:16

DOCUMENT # M02152 (0)

1. Corporation Name
ROESONS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~% POOLE & GOLDSTEIN~~ ~~210 UNIVERSITY DRIVE,SUITE 806~~ ~~CORAL SPRINGS FL 33071~~	% POOLE & GOLDSTEIN 210 UNIVERSITY DRIVE,SUITE 806 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1984
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business
21: 3201 N. FEDERAL HWY
22 Suite, Apt. #, etc.: SUITE #214
23 City & State: FT. LAUDERDALE, FL
24 Zip: 33306 25 Country: USA

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 59-2418659 ☐ 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

POOLE & GOLDSTEIN
210 UNIVERSITY DRIVE, SUITE 806
CORAL SPRINGS FL 33071

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROE, BRIAN	1.2 NAME	
STREET ADDRESS	7515 W. OAKLAND PART 103	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	~~S~~	2.1 TITLE	☒ Change ☐ Addition
NAME	~~PROULX, JUDITH E.~~	2.2 NAME	DELETE
STREET ADDRESS	~~7000 NW 50 ST. B4~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~LAUDERHILL FL~~	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	ROE, ANDRAE	3.2 NAME	S. ROE ANDRAE
STREET ADDRESS	15491 SW 82ND AVE.	3.3 STREET ADDRESS	15491 SW 82 AVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL.
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MEARS, RICHARD	4.2 NAME	
STREET ADDRESS	1 MILE SQ, LONDON	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	~~ROE, GORDON A.~~	5.2 NAME	DELETE
STREET ADDRESS	~~BELIZE CITY, 6 PORT ST.~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~BELIZE~~	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	ROE, CHRISTOPHER G.	6.2 NAME	
STREET ADDRESS	BELIZE CITY, 6 FORT ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELIZE	6.4 CITY-ST-ZIP	

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)(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 added to the report with an address.

SIGNATURE: BRIAN D. ROE 26 JAN '95 305-664-6804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114503 CP