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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M02152 (0)

1. Corporation Name
ROESONS ENTERPRISES, INC.



Principal Place of Business

3201 N FEDERAL HWY
SUITE 214
FT LAUDERDALE FL 33306
US

Mailing Address

% POOLE & GOLDSTEIN
210 UNIVERSITY DRIVE SUITE 808
CORAL SPRINGS FL 33071-7303

3. Date Incorporated or Qualified
06/27/1984

3a. Date of Last Report
03/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 7880 N. University Dr.

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Tamarac, FL

Zip

29 33321

Country

30 U.S.

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 808
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

POOLE Goldstein + Watson

82 Street Address (P.O. Box Number is Not Acceptable)

7880 N. UNIVERSITY DRIVE # 100

83

84 City

TAMARAC

FL

85 Zip Code

33321

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 Irving L. Goldstein, C.P.A.

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	ROE, BRIAN	3201 N FEDERAL HWY SUITE 214	FT. LAUDERDALE FL	<input type="checkbox"/>
D	ROE, ANDRAE	15491 SW 82ND AVE.	MIAMI FL	<input type="checkbox"/>
D	MEARS, RICHARD	1 MILE SQ, LONDON	LONDON, ENGLAND	<input type="checkbox"/>
D	ROE, CHRISTOPHER G.	BELIZE CITY, 6 FORT ST	BELIZE	<input type="checkbox"/>
T	ROQUE, RAMIREZ	6 FORT STREET	BELIZE CITY BE	<input type="checkbox"/>
D	MANIX, JUDITH E.	3201 N FEDERAL HWY SUITE 214	FORT LAUDERDALE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

Proulx, Judith E.

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:

Brian D. Roe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 21 1997 954-564-6804

CR2E034 (9/96)