**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000088661**1. Corporation Name

ROSS OFFICE AND SOFTWARE CONSULTANTS, INC.

Principal Place of Business Mailing Address					1 10011001 113 12111 12111	2011 00111 00111 0011	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7440 SW 34 STREET		7440 SW 34 STREET	7440 SW 34 STREET					
MIAMI FL 33155		MIAMI FL 33155	MIAMI FL 33155		DO NO	T WRITE IN THIS	SSPACE	
		•			3. Date incorporated or Qu		301702	
					10/14/1997	alled		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		<del></del>	olied For	
21		26		65-0790002			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Des	ired 🗶	\$8.75 A	l I
22		27					Fee Rec	
City & State		City & State	<u> </u>		6. Election Campaign Fina	- 11	\$5.00 t	
23		28			Trust Fund Contribution		Added to	Fees
Zip	Zip Country Zip		Country		8. This corporation owes the	ie current year Ir		Пы
24	25	29 30	<u> </u>		Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of	New Registered	Agent	
BRBORICH, ROSSINA			0.	Name	,			
7440 SW 34 STREET			82	Street A	Address (P.O. Box Number is Not A	cceptable)		
MIAMI FL 33155			_				<u> </u>	
MIDANII I E 30 130			83					
			84	City		FI	85 Zip C	ode .
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes, e of Florida. Such change was auth	the above	e-named o	corporation submits this statement	for the purpose of	of changing its r	registered
office or r agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obliq	gations of, Section 607.0505, Florida	a Statutes	i.	ration's board of directors. Priefeb.	accept the appr	munem as reg	Justici Cu
SIGNATURE		4075.00			quired when reinstating)	DATE		
			13.	nt signature re	ADDITIONS/CHANGES		ND DIRECTOR	RS IN 12
			1.1 TITLE		7,007,110,10,0,1,7,110,20	3 311.02.101.	☐ Change	Addition
TITLE	BODODICH BOOONIA		1.2 NAME				_ ,	
NAME	TARO ONLOA CYPEET			T ADDOESS				
STREET ADDRESS	ANAMED ANAES			T ADDRESS				
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-212			Change	Addition
TITLE	<del>"-</del>							
NAME	<b>■</b>		2.2 NAME					1
STREET ADDRESS	1		2.3 STREE					
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP	-	31.7 ± 2	☐ Change	Addition
TITLE	<del>-</del>		3.1 TITLE				□ Griange	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS	•			
CITY-ST-ZIP			3.4. CITY-5	T-ZIP			Change	
TITLE	_		4.1 TITLE	1			Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS	_		4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u></u>			
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME		i	5.2 NAME					
STREET ADDRESS		·	5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
MAME			6.2 NAME					

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

May 03, 1999 8:00 am Secretary of State

05-03-1999 90079 047 \*\*\*158.75