

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **166852 (4)**  
1. Corporation Name: **ROOSEVELT BOULEVARD HOLDING CORP., INC.**



Former Place of Business:  
**5574 NW 194 CIR TERR  
MIAMI FL 33055  
US**

Former Address:  
**5574 NW 194 CIR TERR  
MIAMI FL 33055  
US**

21 Principal Place of Business:  
**8440 S.W. 156 St.**  
Subst. Apt. #, etc.

2a. Mailing Address:  
26 **8440 S.W. 156 St.**  
Subst. Apt. #, etc.

22 City & State:  
23 **MIAMI, FL**  
24 Zip: **33157** 25 Country: **US**

27 City & State:  
28 **MIAMI, FL**  
29 Zip: **33157** 30 Country: **US**

9. Name and Address of Current Registered Agent

**WAITE, RITA  
5574 NW 194 CIR TERR  
MIAMI FL 33055**

3. Date of Incorporation or Qualification: **10/22/1952**

3a. Date of Last Report: **01/31/1995**

4. FEIN Number: **59-0673012**

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: **SAME**  
82 Street Address (P.O. Box Number is Not Acceptable): **8440 S.W. 156 St.**  
83  
84 City: **MIAMI** FL 85 Zip Code: **33157**

11. Pursuant to the provisions of Sections 609.02 and 609.03, Florida Statutes, the above named corporation solemnly proclaims for the purpose of changing its registered office or registered agent, or both, in the State of Florida, said change was authorized by the corporation's board of directors. The city to accept the appointment as registered agent. I am familiar with and accept the obligations of Section 609.03, Florida Statutes.

SIGNATURE

SIGNATURE

FEIN

12. OFFICERS AND DIRECTORS

NAME	<b>P WRIGHT, JEAN</b>	<input type="checkbox"/> DELETED
STREET ADDRESS	<b>114 EVERGREEN TRAIL, RT. 2</b>	
CITY, ST, ZIP	<b>HALIFAX VA</b>	
NAME	<b>WAITE, RITA S.</b>	<input type="checkbox"/> DELETED
STREET ADDRESS	<b>5574 N.W. 194TH CIR. TER</b>	
CITY, ST, ZIP	<b>OPA LOCKA FL</b>	
NAME	<b>DOYLE, AILEEN</b>	<input type="checkbox"/> DELETED
STREET ADDRESS	<b>RT. 2, BOX 329 A</b>	
CITY, ST, ZIP	<b>MARTINSVILLE VA</b>	
NAME		<input type="checkbox"/> DELETED
STREET ADDRESS		
CITY, ST, ZIP		
NAME		<input type="checkbox"/> DELETED
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY, ST, ZIP		
4. NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	<b>8440 S.W. 156 St.</b>	
6. CITY, ST, ZIP	<b>MIAMI, FL 33157</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		
9. CITY, ST, ZIP		
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		
15. CITY, ST, ZIP		

14. I do hereby certify that the information supplied herein is true, correct, and does not require further filing as stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this form is required or supplemental information, 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 sole owner thereof, and I am prepared to execute this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if change or addition of either or both.

SIGNATURE: *Rita S. Waite* RITA S. WAITE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 (305) 395-6239  
Date

CR2E034 (12/95)