

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 14 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 # 166852 (4)
1. Corporation Name
ROOSEVELT BOULEVARD HOLDING CORP., INC.



Principal Place of Business
**8440 SW 156 ST
MIAMI FL 33157
US**

Mailing Address
**8440 SW 156 ST
MIAMI FL 33157-2173
US**

3. Date Incorporated or Qualified
10/22/1952

3a. Date of Last Report
03/26/1996

4. FEI 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

**WAITE, RITA
8440 SW 156 ST
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | WRIGHT, JEAN |
| STREET ADDRESS | 114 EVERGREEN TRAIL, RT. 2 |
| CITY-ST-ZIP | HALIFAX VA |
| TITLE | ST <input type="checkbox"/> DELETE |
| NAME | WAITE, RITA S. |
| STREET ADDRESS | 8440 SW 156 ST |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | DOYLE, AILEEN |
| STREET ADDRESS | RT. 2, BOX 320 A- |
| CITY-ST-ZIP | MARTINSVILLE VA |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1066 EVERGREEN TRAIL |
| 1.4 CITY-ST-ZIP | 24558 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | 33157 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 450 Westbrook Lane |
| 3.4 CITY-ST-ZIP | MARTINSVILLE, VA 24110 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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. 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: *Rita S. Waite* **RITA S. Waite** 1/8/97 (300) 375-620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)