


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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90084 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 216296**

1. Corporation Name  
**ROOD INVESTMENTS, INC.**



Principal Place of Business <b>RON W ROOD 503 W. CENTRAL BLVD ORLANDO FL 32801</b>	Mailing Address <b>RON W ROOD 503 W. CENTRAL BLVD ORLANDO FL 32801</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified <b>10/13/1958</b>	4. FEI Number <b>59-0904812</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>ROOD, RON W 503 W CENTRAL BLVD ORLANDO FL 32801</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<del>STD</del>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>ROOD, FRANCES H</del>			1.2 NAME			
STREET ADDRESS	<del>1100 OVERBROOK DR</del>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<del>ORLANDO, FL 00000</del>			1.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Secretary/Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>WAINWRIGHT, ANNE P.</del>			2.2 NAME	Sally W. Phillips		
STREET ADDRESS	<del>1304 BLACK WILLOW TR</del>			2.3 STREET ADDRESS	482 Peachtree Battle Ave.		
CITY-ST-ZIP	<del>ALTAMONTE SPRINGS FL</del>			2.4 CITY-ST-ZIP	Atlanta, GA 30305		
TITLE	<del>PD</del>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	President-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>ROOD, RON W</del>			3.2 NAME	Nancy R. Johnson		
STREET ADDRESS	<del>1100 OVERBROOK DR</del>			3.3 STREET ADDRESS	1604 Alabama Dr. #106		
CITY-ST-ZIP	<del>ORLANDO, FL 00000</del>			3.4 CITY-ST-ZIP	Winter Park, FL 32789		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: **Nancy R. Johnson** *Nancy R. Johnson / apt.*

1/7/99

(407) 423-5591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)