

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90088 034 ***158.75

DOCUMENT # 338353

1. Corporation Name

ROEPNACK CORPORATION

Principal Place of Business
**400 E ATLANTIC BLVD
POMPANO BEACH FL 33060**

Mailing Address
**400 E ATLANTIC BLVD
POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1968

4. FEI Number

59-1229240

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**ROEPNACK, ROBERT
38 SW 9TH TERR
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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 **PD** ☐ DELETE

NAME **ROEPNACK, ROBERT A.**

STREET ADDRESS **38 SW 9TH TERR**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **VTD** ☐ DELETE

NAME **ROEPNACK, DAVID H.**

STREET ADDRESS **7415 NW 68TH AVE**

CITY-ST-ZIP **PARKLAND FL**

TITLE **S** ☐ DELETE

NAME **STEINMETZ, WILLIAM G.**

STREET ADDRESS **270 S.E. 8TH COURT**

CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **ASST. SECRETARY** ☐ DELETE

NAME **ASST. SECRETARY**

STREET ADDRESS **ASST. SECRETARY**

CITY-ST-ZIP **ASST. SECRETARY**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CEO / DIRECTOR

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

PRES. / TREAS. / DIRECTOR

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

ASST SECRETARY

☐ Change ☒ Addition

4.2 NAME

PAUL M. ROEPNACK

4.3 STREET ADDRESS

4207 WESTERN BLVD.

4.4 CITY-ST-ZIP

RALEIGH, NORTH CAROLINA 27606

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

3-5-99

954-781-2120

Date

Daytime Phone #

CR2E034 (11/98)