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

Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0) ROO INTERNATIONAL, INC. Principal Place of Business Mailing Address 2080 W HWY 520 PO BOX 3844 **COCOA FL 32926 COCOA FL 32924** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1972 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 59-1386775 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GORDON, RICHARD 4636 N FRIDAY CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32926 83 84 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, typied or pionted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GORDON, RICHARD NAME 1.2 NAME **4636 N FRIDAY CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS COCOA, FL 00000 1.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE GORDON, ELVA R 22 NAME NAME 4636 N FRIDAY CIRCLE 2.3 STREET ADDRESS STREET ADDRESS COCOA, FL 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TIFLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 41 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 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. A/13/98 SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

4076329026

FILED