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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 645961

(4)

ROLAND A. ROSELLO, P.A.

Principal Place of Business Mailing Address 610 AZEELE STREET 610 AZEELE STREET TAMPA FL 33606 TAMPA FL 33606									
							 	TIEST OF STITUTE	TELL BIBIT 1881
						3. Date incorporated or Qualified 11/21/1979	3a. Date of Last Report 06/09/1995		
2. Principal Plan	ce of Business	28. Mailing Address			4. FEI Number Applied For 59-1949866 Not Applied be 1				
Cuito Ant #	eto.	Suite, Apt. #, etc.						Additional	
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		+-	Required
City & State	<u> </u>	City & State			6. Election Campaign Financing		\$5.00	0 May Be	
23		28				Trust Fund Contribution Added to Fees			
Ζρ	Country	Zip	Cou	intry		8. This corporation has liability for in Florida Statutes Yes	intangible ta ☐ No	x under s	199.032,
24	9. Name and Address of Curre	29 29 Agent	30			10. Name and Address of New R		Agent	
	5. Hallio and Addiess of Cont.	The state of the s		81	Name		- X	- 	
ROSELLO	, ROLAND A.			82	Stroot Addi	ress (P.O. Box Number is Not Acceptab	le!		
4154 ROLLING SPRINGS DR				62	Stieet Addi	55 p. (6). Dox (Tairmon to Troy (Toochanie)			
TAMPA FL	. 33618			83					
				84	City			85 Zış	p Code
				L	ļ <u>.</u>		FL		
SIGNATURE	ed agent, or both, in the State of Flor n, and accept the obligations of, Sei Sunature, typed or printed name of regulated age	36 Variation A Ko	1 also	M	esideed	ration submits this statement for the pur rd of directors. I hereby accept the app Man of Memorial and Memorial of Mem	aintment as A 5 DATE	, 556	agent. I am
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	PD	☐ DELETE	1 1 T	IFLE			[Change	☐ Addition
NAME	ROSELLO, ROLAND A		12 N	AME					
STREET ADDRESS	610 AZEELE ST.				ADDRESS				
CITY-ST-ZIP	TAMPA, FL 00000	☐ DELE16	14C 2.1T		ST-71P			Change	Addition
TITLE NAME		Поселе	2 1 N						<u></u>
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CITY-ST-ZIP					ST - ZIP				
TITLE		☐ DELETE	3 1 7					Change	Addition Addition
NAME			3.2 N	IAME					
STREET ADDRESS			335	STREE	I ADDRESS				
CITY-ST-ZIP					ST-7:P			Change	Addition
TITLE		☐ DELETE	4 1 1					Change	☐ Muoition
NAME			42N		t ADDRESS				
STREET ADDRESS					T ADDRESS ST-ZIP				
CITY - ST - ZIP TITLE		☐ DELETE	5 1		01220			Change	Addition
NAME		_	52 N						
STREET ADDRESS			5.3 S	STREE	T ADDRESS				
CITY-ST-ZIP			540)[Σ γ .:	S1 - Z/P				
TITLE		☐ DELETE	6.1	TITLE			-	Change	☐ Addition
NAME			621	AME					
STREET ADDRESS			635	STREE	1 ADDHESS				
CITY-ST-ZIP			640	HY-	SI-ZIP		0.2/05/15 55	adda Ott	den 16.45
						for the exemption stated in Section 119 ale and that my signature shall have the is report as required by Chapter 607, F			

SIGNATURE:

Mach 3/1996 (813) 25/ 8079