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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 682997

(2)

EARL RODNEY, P.A.

FILED
Jan 14 1997 8:00am
Secretary of State



Dringing Dr	on of D. a nove	Mailura Addrone			OTOT DICK EIRH AIRH DIGN CIRK IAR	
Principal Place of Business Mailing Address						
8405 NW 66 SUITE A	STREET	8405 NW 66 STREET Suite a				
MIAMI FL 33	166-2630	MIAMI FL 33166-2630				
US		US		3. Date Incorporated or Qualified 09/26/1980	3a. Date of Last Report 01/29/1996	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
1		26		59-2027543	Not Applicable	
Suite, Ap	ot #, etc	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & St	ate	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zφ	Country	8. This corporation has liability for	ntangible tax under s. 199.032.	
	25]	29	30		Yes 🔀 No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
RC	ODNEY, EARL		81 Name			
	05 N.W. 66 STREET		82 Street A	ddress (P.O. Box Number is Not Acceptab	le)	
	JITE A		02 30 cet 2	identess (1.0. Dox Humber is Not Acceptat	noj	
	AMI FL 33166		83		7-7-4	
****			84 City		ar Zin Codo	
			84 City		FL 85 Zip Code	
12.		ND DIRECTORS	Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFIC		
TRUE	PST	DELETE	1.1 TITLE		Change Additio	
NAME	RODNEY, EARL		1.2 NAME			
STREET ADDRESS			1.3 STRFFT ADDRESS			
CHY ST ZIF	MIAMI, FL 33166	☐ DELETE	14 CITY-SI-ZIP		Change Addition	
HTLE NAME	AT RODNEY, JEANNE	L Deterie	2.1 TITLE 2.2 NAME			
NAME STREET ADORES:	ALAE MIN AA OTOPET		2.3 STREET ADDRESS			
CITY-ST ZIP	MIAMI FL		2. 4 City-St-ZiP		33166	
TITLE	AS	DELETE	3.1 TITLE		☐ Change 🔀 Additio	
NAME	RODNEY, SUSAN		3.2 NAME			
TREET ADDRES	3		3 3 STREET ADDRESS		70	
CTY-ST ZIP	MIAMI FL		3.4 CHY-ST-ZIP		<u> </u>	
TITLE	D	☐ DELETE	. 41 TITLE		Change Addition	
NAME	RODNEY, EARL		4 2 NAME			
STREET ADDRESS	:		4.3 STREET ADDRESS		33166	
DITY - ST - ZIF	MIAMI FL	DECEM	4.4 CiTY - ST - ZiP		Change Addition	
IT.E		DELFTE	S 1 TITLE		L. Change L. Additio	
IAME			£ 2 NAME			
STREET ADDRES	8		5.3 STREET ADDRESS			
OTY - ST - Z-P OTLE		DELETE	5.4 CITY - \$1 - ZIP 6.1 TITLE		☐ Change ☐ Addition	
IAME		[ ] Milli	6.2 NAME		E tomange E require	
nami Street adores:	e		6.3 STREET ADDRESS			
STORE LANDERERS	· 1		0.0 OTHER MODIFESO			
OITY - ST - ZiP			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)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on the same legal effect as if made under oath; that I am an office 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 charged, or on an altachment with an address.