**PROFIT** CORPORATION ANNUAL REPORT

1999



Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt #, etc

26

27

28

29

808 THIRD STREET. STE C

NEPTUNE BEACH FL 32266-5018

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 856846

Country

9. Name and Address of Current Registered Agent

25

1201 HAYS STREET

CORPORATION SERVICE COMPANY

Principal Place of Business

NEPTUNE BEACH FL 32266-5018

2. Principal Place of Business

Suite, Apt. #, etc

City & State

21

22

23

24

Zip

808 THIRD STREET. STE C

ROLYN (INVERNESS) INC.

TALLAHASSEE FL 32301-2525 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE **PDS** THE ROULEAU, ROBERT 1.2 NAME NAME 808 3RD STREET STE C 13 STREET ADDRESS STREET ADDRESS NEPTUNE BEACH FL 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 21 TITLE TITLE ROULEAU, ROBERT T. 22 NAME NAME 5500 AV ROYALMOUNT #200 23 STREET ADDRESS STREET ADDRESS MONTREAL QUEBEC CANADA 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETÉ 3 1 TITLE TITLE 3.2 NAME 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF DELETE Change noificbA [\_] 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change noitit bA DELETE 51 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE Change Addition DELETE: TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 truetee 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 attrachment with an address, with all other like empowered.

Country

81 Name

30

FILED Mar 16, 1999 8:00 am **Secretary of State** 

03-16-1999 90125 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax

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

06/21/1983

58-1392456

4. FEI Number

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

ΜNο

CR2E034 (11/98

SOE SIGNING OFFICER OR DIRECTOR