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FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F15184

(7)

1. Corporation Name

ROBERT H. ROTH, P.A.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1981

4. FEI Number

59-2048948

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

ROBERT H. ROTH

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

3101 MAGUIRE BLVD, SUITE 101

83.

84. City

ORLANDO

FL

85. Zip Code

32803

2. Principal Place of Business

21. 3101 MAGUIRE BLVD

Suite, Apt. #, etc.

22. SUITE 101

City & State

23. ORLANDO, FL

Zip

24. 32803

Country

25. ORANGE

2a. Mailing Address

26. 3101 MAGUIRE BLVD

Suite, Apt. #, etc.

27. SUITE 101

City & State

28. ORLANDO, FL

Zip

29. 32803

Country

30. ORANGE

9. Name and Address of Current Registered Agent

ROTH, ROBERT H
501 N. MAGNOLIA AVE
SUITE 40
ORLANDO FL 32801

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 fee if applicable

ROBERT H. ROTH

(NOTE: Registered Agent signature required when resigning)

1/8/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROTH, ROBERT H.
STREET ADDRESS 501 N MAGNOLIA AVE STE H
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

1/8/97

CR2E034 (10/97)