

ANNUAL REPORT
1995

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # H91997

(7)

1. Corporation Name

ROPIX INTERNATIONAL CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 547571
ORLANDO FL 32854

Mailing Address

P.O. BOX 547571
ORLANDO FL 32854

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1986

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-2623290

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 has liability for intangible tax under S. 199(3)?
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PICKERING, JAMES B. III
2317 S. THORNTON AVENUE
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name

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

503 PARRISH DR.

83

84 City

ORLANDO

FL

85 Zip Code

32835

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	ROPER, WILLIAM C.
STREET ADDRESS	4923 MATTHEW BLVD
CITY - ST - ZIP	HERMANTOWN MN
TITLE	DPC
NAME	PICKERING, JAMES B., III
STREET ADDRESS	2317 S. THORNTON AVENUE
CITY - ST - ZIP	ORLANDO FL
TITLE	T
NAME	PICKERING, JAMES, B. III
STREET ADDRESS	2317 S. THORNTON AVENUE
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	503 PARRISH DR.
2.4 CITY - ST - ZIP	ORLANDO, FL
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	503 PARRISH DR.
3.4 CITY - ST - ZIP	ORLANDO, FL
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing #

4/25/95 (407) 298-3264