

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
* AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H91997 (7)

1. Corporation Name

ROPIX INTERNATIONAL CORPORATION



Principal Place of Business

Mailing Address

P.O. BOX 547571
ORLANDO FL 32854

P.O. BOX 547571
ORLANDO FL 32854

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

PICKERING, JAMES B. III
503 PARRISH DRIVE
ORLANDO FL 32835

3. Date Incorporated or Qualified

01/01/1986

3a. Date of Last Report

05/01/1995

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. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

898 37TH STREET

83

84 City ORLANDO

FL

85 Zip Code 32805

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

James B. Pickering III

(If the Registered Agent signature required when reinstating)

7/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 503 PARRISH DRIVE
CITY - ST - ZIP ORLANDO FL

TITLE T
NAME PICKERING, JAMES, B. III
STREET ADDRESS 503 PARRISH DRIVE
CITY - ST - ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS 898 37TH STREET
24 CITY - ST - ZIP ORLANDO, FL 32805

31 TITLE
32 NAME
33 STREET ADDRESS 898 37TH STREET
34 CITY - ST - ZIP ORLANDO, FL 32805

41 TITLE
42 NAME
43 STREET ADDRESS D/V
44 CITY - ST - ZIP RANDY W. LEE
101 PINEHURST DR.
ORLANDO, FL 32817

51 TITLE
52 NAME
53 STREET ADDRESS D/V
54 CITY - ST - ZIP ROBERT J. BROWN
11533 KANUBA CT.
CLERMONT, FL 34711

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James B. Pickering III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96

(407)844-1354

CR2E034 (3/96)