

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90069 017 \*\*\*150.00

DOCUMENT # H91997

1. Corporation Name

ROPIX INTERNATIONAL CORPORATION

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

4. FEI Number

59-2623290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

PICKERING, JAMES B III  
13126 PLUM LAKE DR  
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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:

*James B. Pickering III*  
Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/7/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DVS  
ROPER, WILLIAM C  
STREET ADDRESS  
53 ARBUTUS DRIVE  
CITY-ST-ZIP  
DULUTH MN 55810

TITLE ☐ DELETE

NAME  
DPC  
PICKERING, JAMES B III  
STREET ADDRESS  
13126 PLUM LAKE DR  
CITY-ST-ZIP  
CLERMONT FL 34711

TITLE ☐ DELETE

NAME  
T  
PICKERING, JAMES B III  
STREET ADDRESS  
13126 PLUM LAKE DR  
CITY-ST-ZIP  
CLERMONT FL 34711

TITLE ☐ DELETE

NAME  
DV  
LEE, RANDY W  
STREET ADDRESS  
101 PEPPERTREE DRIVE  
CITY-ST-ZIP  
ORLANDO FL

TITLE ☐ DELETE

NAME  
DV  
BROWN, ROBERT J  
STREET ADDRESS  
11533 KENUBA COURT  
CITY-ST-ZIP  
CLERMONT FL

TITLE ☐ DELETE

NAME  
DV  
HARRY H RAINEY JR  
STREET ADDRESS  
614 E HWY 50, #113  
CITY-ST-ZIP  
CLERMONT FL 34711

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, with all other like empowered.

SIGNATURE:

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

1/7/99  
Date

352-394-2182  
Daytime Phone #

CR2E034 (1/1/98)