


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90108 034 ***150.00

0025395

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K77566

1. Corporation Name
ROETZER ENTERPRISES, INC.

Principal Place of Business % HANS' FOREIGN CAR SERVICE 3700-B FISCAL CRT RIVIERA BEACH FL 33404 US	Mailing Address C/O HANS ROETZER 2561 LOCHMORE ROAD WEST PALM BEACH FL 33407
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7655 Enterprise Dr Suite, Apt. #, etc. 22 Suite 10 City & State 23 Riviera Bch, FL Zip 24 33404 Country 25 USA	2a. Mailing Address 26 7655 Enterprise Dr Suite, Apt. #, etc. 27 Suite 10 City & State 28 Riviera Bch, FL Zip 29 33404 Country 30 USA	3. Date Incorporated or Qualified 03/23/1989	4. FEI Number 65-0114522	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROETZER, HANS 2561 LOCHMORE ROAD WEST PALM BEACH FL 33407	10. Name and Address of New Registered Agent 81 Name Kim J. Roetzer 82 Street Address (P.O. Box Number is Not Acceptable) 7655 Enterprise Dr, Suite 10 83 84 City Riviera Bch FL 85 Zip Code 33404
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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]* **Vice President** DATE **1/9/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROETZER, HANS		1.2 NAME HANS ROETZER	
STREET ADDRESS 2561 LOCHMORE ROAD		1.3 STREET ADDRESS 7655 Enterprise Dr, Suite 10	
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP Riviera Bch, FL 33404	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROETZER, KIM		2.2 NAME Kim J. Roetzer	
STREET ADDRESS 2561 LOCHMORE ROAD		2.3 STREET ADDRESS 7655 Enterprise Dr, Suite 10	
CITY-ST-ZIP WEST PALM BEACH FL		2.4 CITY-ST-ZIP Riviera Bch, FL 33404	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)