

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

FILED

Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L78146** (2)
1. Corporation Name
ROSKOW, INC.

Principal Place of Business
**4211 ST. CLAIR DR.
SARASOTA FL 34243
US**

Mailing Address
~~**6170 N. LOCKWOOD RIDGE RD
SARASOTA FL 34249-1000
US**~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1990	
21	Suite, Apt. #, etc.	26	4211 ST. CLAIR DR.	4. FEI Number 65-0185358	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	SARASOTA FL.	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	34243	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No	
25		30	USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSKOW, ELLIOT C. 6170 N. LOCKWOOD RIDGE RD 4211 ST. CLAIR ROAD SARASOTA FL 34243		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4211 ST. CLAIR DR 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	ROSKOW, ELLIOT C	1.2 NAME	
STREET ADDRESS	6170 N. LOCKWOOD RIDGE RD	1.3 STREET ADDRESS	4211 ST. CLAIR DR
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	ROSKOW, KATHRYN A	2.2 NAME	
STREET ADDRESS	6170 N. LOCKWOOD RIDGE RD	2.3 STREET ADDRESS	4211 ST. CLAIR DR
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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.

SIGNATURE: *Elliot C. Roskow*

2/17/98 (941)351-1807

CR2E034 (10/97)