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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # M43378

ROESONS INSURANCE SERVICES, INC.

(2)

FILED Feb 03 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address			A SERVINDEN WAS DIRECT AND CONTROL CONTROL OR W	BIÐIN BIÐIN BIÐÍN GIÐIN ÐIÐIN BIÐIN 1881	
3201 N. FEDER #214 FT. LAUDERDA		C/O POOLE & GOLDSTEIN 210 N. UNIVERSITY DRIVE. CORAL SPRINGS FL 60071- US		Only Leave and the Only like I	A. Daie of Land Present
US		US		3. Date Incorporated or Qualified 12/17/1986	3a. Date of Last Report 03/01/1996
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21			niversity	Dr. 59-2800733	Not Applicable
Suite, Apl	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	· · · · · · · · · · · · · · · · · · ·	27 Suite 100 City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing	\$5.00 May Be
23		Tamarac,	FL	Trust Fund Contribution	Added to Fees
Zip	Country	^{7'0} 33321	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	1201	30 U.S.		Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	OLE & GOLDSTEIN		Pool	e, Goldstein & Watson	
	ITIFIED PUBLIC ACCOUNTS		82 Street A	ddress (P.O. Box Number is Not Acceptal	
	UNIVERSITY DRIVE, SUITE 806 RAL SPRINGS FL 33071		83 /880	North University Driv	re, Suite 100
i UUI	VAL SPRINGS PL 33071				
			84 Citama	rac	FL 85 33321
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statute	s the above-named (corporation submits this statement for the	ourpose of changing its registered
office or a agent. I a	registered agont, or both, in the State ani familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized by the corpi rida Statutes.	pration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE.	Irving L. Goldstein	. C.P.A.	Registered Agent signature r		DATE
12.	Signature, typed or printed name of registered age OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	ROE, BRIAN D.		1.2 NAME		ì
STREET ADDRESS	15401 S.W. 82ND AVENUE		1.3 STREET ADDRESS		·
C(TY - ST - 7)P	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	[] DELETE	21 TITLE .		Change Addition
NAME	ROE, ANDRAE M.		22 NAME		, .
STREET ADDRESS	15401 SW 92ND AVE.		2.3 STREET ADDRESS	1	į
CITY-SI-ZIP	MIAMI FL TV	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE NAME -	ROE, G. CHRISTOPHER	F-1 Differit	3.2 NAME		Fina committee Fina white teaching
STREE ADDRESS	RIVERVIEW ESTATE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BEUZE		3.4. CITY-ST-ZIP		
TITLE	VD	DELETE	4.1 TITLE		Change Addition
NAME	MANIX, JUDITH E.		4. 2 NAME	Proulx, Judith	E.
STREET ADDRESS	3201 N FED HWY SUITE 214		4.3 STREET ADORESS		:
CITY - S1 - ZIP	FORT LAUDERDALE FL		44 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE	7	Change 🔀 Addition
NAME			52 NAME	Romilez Modur	L.
STREET ADDRESS			5.3 STREET ADDRESS	STUCK CITY	
CHY-ST-ZIF		DELETE	5.4 CITY - ST - ZIP	Beuze.	Change Addition
TITLE		F-1 DEFECTE	6.1 TITLE 6.2 NAME		C OPENÍO C VOCIDO
NAME CTOCK! ANDRESC			6.3 STREET AODRESS		
STREET ADDRESS CITY+ST-ZIP		_	6.4 CITY-ST-Z-P		
	by certify that the information supplier	with this filling does not qualify		ated in Section 119.07(3)(i), Florida Statuti	es. I further certify that the

information indicated on this annual report or s I am an officer or director of the corporation of appears in Block 12 or Block 13 if changed, o Intal annual proof is true and accurate and that my signature shall have the same legal effect as if made under oath; that iver as trostic empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: