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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P27464

(7)

1. Corporation Name:

THE ROTH VENTURES, INC.

Principal Place of Business

300 W PRATT ST
SUITE 450
BALTIMORE MD 21201

Mailing Address

300 W PRATT ST
SUITE 450
BALTIMORE MD 21201-2463



3. Date Incorporated or Qualified

12/20/1989

3a. Date of Last Report

05/03/1996

4. FEI Number

52-0985297

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

2. Principal Place of Business

21 19707 TURNBERRY WAY

Suite Apt. #, etc.

22 UNIT 11-H

City & State

23 N. MIAMI BEACH, FL

Zip

Country

24 33180

25 U.S.A.

2a. Mailing Address

26 C/O SOLLINS AND STOKELY

Suite, Apt. #, etc.

27 409 WASHINGTON AVE., 1010

City & State

28 TOWSON, MD

Zip

Country

29 21204

30 U.S.A.

9. Name and Address of Current Registered Agent

HODKIN, PETER, M, ESQ
2200 W COMMERCIAL BLVD.
SUITE 302
FORT LAUDERDALE FL 33309

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ISRAELSON, MAX R.
STREET ADDRESS 300 W PRATT ST. #450
CITY-ST-ZIP BALTIMORE, MD 31202

TITLE VD ☐ DELETE

NAME ISRAELSON, STUART G.
STREET ADDRESS 19717 TURNBERRY WAY #11A
CITY-ST-ZIP N MIAMI BEACH FL

TITLE STD ☐ DELETE

NAME ISRAELSON, WENDY
STREET ADDRESS 19717 TURNBERRY WAY #11A
CITY-ST-ZIP N MIAMI BEACH FL

TITLE AS ☐ DELETE

NAME HODKIN, PETER M.
STREET ADDRESS 2200 W. COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 19707 TURNBERRY WAY, UNIT 11H
1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 19707 TURNBERRY WAY, UNIT 11A
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME CARROLL, WENDY ISRAELSON
3.3 STREET ADDRESS 4620 FILLMORE STREET
3.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)