

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P35406 (8)
1. Corporation Name
ROUX ASSOCIATES, INC.



Principal Place of Business Mailing Address
1377 MOTOR PARKWAY 1377 MOTOR PARKWAY
SUITE 403 SUITE 403
ISLANDIA NY 11788 ISLANDIA NY 11788
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/30/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		11-2579482	
24 Country		29 Country		Applied For	
				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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	VD
NAME	BLICKSILVER, HAROLD, CPA	12 NAME	STEVEN SADIKER
STREET ADDRESS	4 GIFFARD WAY	13 STREET ADDRESS	10 Diellen Court
CITY-ST-ZIP	MELVILLE NY	14 CITY-ST-ZIP	Commack, NY 11725
TITLE	CDP	21 TITLE	
NAME	ROUX, PAUL	22 NAME	
STREET ADDRESS	80 PROSPECT RD.	23 STREET ADDRESS	
CITY-ST-ZIP	CENTERPORT NY	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	
NAME	ROUX, PAUL	32 NAME	
STREET ADDRESS	80 PROSPECT RD.	33 STREET ADDRESS	
CITY-ST-ZIP	CENTERPORT NY	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	
NAME	LOPER, JOHN	42 NAME	
STREET ADDRESS	1407 TALLOW COURT	43 STREET ADDRESS	
CITY-ST-ZIP	SEABROOK TX	44 CITY-ST-ZIP	
TITLE	VPCF	51 TITLE	
NAME	POTTER, AMY K	52 NAME	
STREET ADDRESS	13319 CARTERS WAY PLACE	53 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD VA	54 CITY-ST-ZIP	
TITLE	VSD	61 TITLE	
NAME	SWANSON, DOUGLAS	62 NAME	
STREET ADDRESS	6 CARLSON COURT	63 STREET ADDRESS	
CITY-ST-ZIP	KINGS PARK NY	64 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 supporting documents 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; that I am a 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.

CR2E034 (10/97)