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PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P40522

1. Corporation Name

ROAN, LTD., CORPORATION

Principal Place	e of Business	Mailing Address							., ., .,	•
6330 W 14TH S	ST	4 CHESTNUT								
BRADENTON FL 34206		LEMONT IL 60439								
US		US			2 724		WRITE IN T	HIS SPACE	·	\neg
					4 -	Incorporated or Qua	aired			
		B B B a Min a Andreas			4. FEIN	17/1992			A U 1	
2. Principal Place of Business		<u>⊢</u>	2a. Mailing Address					⊢ +	Applied For	- 3
21		26			36-3	3083085			Not Applicabl	<u>•</u>
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certif	fcate of Status Desir	red 🗌	•	Additional Required	- '
22 City & State		27 City & State	City 9 State							
City & State		⊢ ·	City & State		I -	ion Campaign Finar	icing 🗌		May Be	1
23			28			Fund Contribution			d to Fees	\dashv
Zip	Country	<u> </u>	Zip Country		I -	corporation owes the	e current yea	ir Intangible ☐ Yes	□No	1
24	25	29	30	T		onal Property Tax. e and Address of I	low Bogieto		<u> </u>	
	9. Name and Address of Cu	irrent Registered Agent		81 Nam		e and Address of I	16W Kegiste	reu Agent		\dashv
OUII	NLAN, JOHN V.			Nam						
	15TH STREET WEST			82 Stree	et Address (P.O. Bo	ox Number is Not A	cceptable)			7
	DENTON FL 34205					MARKET STATE BEING	9 1 2 10 19 10 11		TO AN APPLIES	
DIVA	DENTON FE 34203			83						i
				84 City		V 21 11 01 2 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	u i Altigra della	85 Zi	Code	
				1 1				<u> </u>		
11. Pursuant	to the provisions of Sections 607 registered agent, or both, in the S	.0502 and 607.1508, Florida Sta	tutes, the a	bove-name	ed corporation subm	nits this statement for	or the purpos	e of changing i	ts registered	
agent. I a	registered agent, or both, in the S im familiar with, and accept the o	hligations of Section 607 0505	Saumonzeo		rporation's board of	unectors, interesty	accept title a	ppominient as	registered	- 1
		oligations of, ocollon our loode,	Florida Stat	utes.						
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SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable. (No		utes.		即行うとで IONS/CHANGES T		S AND DIRECT		1/98)
	Signature, typed or printed name of registere OFFICERS	d agent and title if applicable. (No	OTE: Registered	utes. I Agent signatui	ADDIT	Tarrait .				[11/98]
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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:

1/15/99

708-424-2230

FILED

Feb 13, 1999 8:00am

Secretary of State

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