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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT.# P9300001703 1. Corporation Name RAROSC INC

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90023 005 \*\*\*150.00

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Principal Place	e of Business	Ma	iling Address					1 10 0 11 0 0		( <b>40</b> )(( <b>83</b> )() <b>40</b> (3)	<b>48</b> 187 (1811 ) <b>4</b> 1	
S557 W. OAKLAND PARK BLVD. 5557 W. OAKLAND PARK BLV												
LAUDERHILL FL 33313 LAUDERHILL FL 33313									DO NOT W	DITE IN THIS	SPACE	
US US								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
								01/08/19		Eu		
2 Principal P	face of Business	7a	Mailing Address					4. FEI Number				Applied For
21	idee of Business	26	maining / taarooo					65-03798			1	Not Applicable
Suite, Apt.	#. etc.	201	Suite, Apt. #, etc.			· · · · ·						Additional
22		27						5. Certifcate of	f Status Desired		• -	Required
City & State	e	1=-	City & State			•		6. Election Car	mpaign Financir	ng	\$5.0	0 May Be
23	-	28					-	Trust Fund	Contribution	' <sup>9</sup> 🗆		d to Fees
Zip	Country		Zip	Co	untry			8. This corpora	ation owes the c	urrent year in	tangible	
24	25	29		30				Personal Pr	operty Tax.		Yes	□No
	9. Name and Address of Current	Regist	ered Agent					10. Name and	Address of Nev	w Registered	Agent	
SKU.	WPON OSCAD	*			81	Name						
SKOWRON, OSCAR 5557 W. OAKLAND PARK BLVD.					82	Street A	Addres	s (P.O. Box Num				
	DERHILL FL 33313							<u> </u>		<u> </u>		
LAUL	DENITIEE FE 333 13				83							
					84	City				·····	85 Zi	o Code
April 15 to 15	5_1, 5_1					•				<u> </u>	-	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 60 of Florid	)7.1508, Florida Statute a. Such change was ai	es, the a uthorize	above d bv	e-named of the corpo	corpora oration	ation submits this is board of directe	s statement for t ors. I hereby ac	he purpose of cept the appoi	changing i intment as	ts registered registered
agent. I a	m familiar with, and accept the obligat	ions of,	Section 607.0505, Flor	ida Sta	tutes.				•			·
SIGNATURE												
12.	Signature, typed or printed name of registered agent OFFICERS ANI			Registere	d Agen	t signature re	equired w	nen reinstating)		DATE		1
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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.