

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000048150 (5)

1. Corporation Name

ROTEX ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~444 ST. ARMANDS CIRCLE~~ 302 BIRD KEY BLVD
SARASOTA FL 34236 SARASOTA

~~SARASOTA FL 34236~~
P.O. Box 2956
SARASOTA
FL 34230

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/08/1993

3a. Date of Last Report
04/20/1995

4. FEI Number
65-0428678

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

10. Name and Address of New Registered Agent

ROGERSON, IAN B
~~444 ST. ARMANDS CIRCLE~~
SARASOTA FL 34236

302 BIRD KEY BLVD
P.O. Box 2956
SARASOTA
FL 34236

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 the incorporator

(NOTE: Registered Agent signature is not required)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROGERSON, IAN B
STREET ADDRESS 444 ST. ARMANDS CIRCLE
CITY - ST - ZIP SARASOTA FL 34236

DELETE ☒

TITLE PD

NAME ROGERSON IAN B

STREET ADDRESS 302 BIRD KEY BLVD

CITY - ST - ZIP SARASOTA FL 34236

DELETE ☐

TITLE PD

NAME ROGERSON IAN B

STREET ADDRESS 302 BIRD KEY BLVD

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DELETE ☐

TITLE PD

NAME ROGERSON IAN B

STREET ADDRESS 302 BIRD KEY BLVD

CITY - ST - ZIP SARASOTA FL 34236

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME ROGERSON IAN B

13 STREET ADDRESS 302 BIRD KEY BLVD

14 CITY - ST - ZIP SARASOTA FL 34236

Change ☐ Addition ☐

21 TITLE PD

22 NAME ROGERSON IAN B

23 STREET ADDRESS 302 BIRD KEY BLVD

24 CITY - ST - ZIP SARASOTA FL 34236

Change ☐ Addition ☐

31 TITLE PD

32 NAME ROGERSON IAN B

33 STREET ADDRESS 302 BIRD KEY BLVD

34 CITY - ST - ZIP SARASOTA FL 34236

Change ☐ Addition ☐

41 TITLE PD

42 NAME ROGERSON IAN B

43 STREET ADDRESS 302 BIRD KEY BLVD

44 CITY - ST - ZIP SARASOTA FL 34236

Change ☐ Addition ☐

51 TITLE PD

52 NAME ROGERSON IAN B

53 STREET ADDRESS 302 BIRD KEY BLVD

54 CITY - ST - ZIP SARASOTA FL 34236

Change ☐ Addition ☐

61 TITLE PD

62 NAME ROGERSON IAN B

63 STREET ADDRESS 302 BIRD KEY BLVD

64 CITY - ST - ZIP SARASOTA FL 34236

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 26TH 1996

941 4537647 8-5-2-96

CR2E034 (12/95)