**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000083021

1. Corporation Name

THE RO	asted b	EAN	I, INC.								 				
							····								
Principal Place	e of Busines	s			Mailing Addres	S					}				
10047 CLEARY BLVD 10047 CLEARY BLVD															
PLANTATION FL 33324 US  PLANTATION FL 33324 US											DO NOT WRITE	IN THIS S	SPACE		
03					03						3. Date Incorporated or Qualifed				
											12/06/1993				-
2. Principal P	lace of Busin	ness	2	1 2	Za. Mailing Add	ress	ت د				4FEI Number	<u> </u>		Appli	ed For
21					26						65-0452442	Not Applicable			pplicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.								\$8.7		
22					27						5. Certificate of Status Desired		Fee	Requ	ired
City & State					City & State						6. Election Campaign Financing \$5.00 May Be				
					28						Trust Fund Contribution		Adde	d to I	Fees
Zip		(	Country	L	Zip		_	Country			8. This corporation owes the currer			_	
24		25		25	<u> </u>		30				Personal Property Tax.		Yes		No
	9. Name	and	Address of Current	Reç	gistered Agent			81	Name		10. Name and Address of New Re	gisterea A	gent		
R171	KA, PHILIP							61	Name	3					
2721 MONTEVIDEO AVE.									Stree	t Address (P.O. Box Number is Not Acceptable)					
COOPER CITY FL 33026								83		·					
000	ZI LII OII I							83			,				Į
								84	City			FL	85 Z	ip Co	de
						1. 6			L		ting where the protocol for the p		honging	ite ro	gistored
office of r agent. I a	to the provis egistered ag m familiar wi	ions ent, d ith, a	of Sections 607.0502 or both, in the State on a accept the obligat	and of Flo ions	orida. Such cha of, Section 607	inge was at 7.0505, Flor	es, in uthori ida S	e above zed by Statutes	the con	poration	ration submits this statement for the possible board of directors. I hereby accept	the appoin	tment as	regis	tered
SIGNATURE															\
	Signature, typed	or prin	ted name of registered agen			(NOTE:	_		t signature	beriuper e	when reinstating) ADDITIONS/CHANGES TO OFFI	DATÉ CEDE ANI	DIREC	TOPS	2 IN 12
12.	nen		OFFICERS AN	ווט ט		DELETE	_	13.		1	ADDITIONS/CHANGES TO OFFI	CERS AN	Chang		Addition
TITLE	PSD		<b>.</b>		Ц	DELETE		.1 TITLE						,-	
NAME:	RIZIKA, PHILIP							1.2 NAME 1.3 STREET ADDRESS							
STREET ADDRESS 2721 MONTEVIDEO AVE. CITY-ST-ZIP COOPER CITY FL 33026										1					)
CITY-ST-ZIP	COUPER	UII	1 FL 33020			DELETE	_	.4 CITY-\$1	I-ZiP	1			Chang	ae	Addition
TITLE	İ				J	<i>V</i> LLL 16	- 1							<b>,</b>	
NAME			_					.2 NAME .3 STREET							}
STREET ADDRESS			٠ ٠٠٠٠٠٠٠		- 4	• •	- 8			· -	* * · * · *	•			
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						DECETO		2 NAME					_ `		
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STREET ADDRESS	Į	·						.4. CTTY+S		[					
CITY-ST-ZIP	1					DELETE	_	.1 TITLE		+			☐ Chang	ge	☐ Addition
NAME			•		_			2 NAME							ţ.
STREET ADDRESS								3 STREET	ADDRES	s					ļ
CITY-ST-ZIP								.4 CITY-S							Ì
TITLE	<del>                                     </del>					DELETE	_	i.1 TITLE					Chang	ge	Addition
NAME	1						1	2 NAME			•		•		
STREET ADDRESS							5	.3 STREET	ADDRES	s					
CITY-ST-ZIP							5	.4 C/TY-S	T-ZIP						
TITLE			<del></del>			DELETE	6	.1 TITLE		1			Chang	ge	Addition
	Ι .							SAIALIC		1					

14. 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 approaches, with approaches.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90176 036 \*\*\*150.00