FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
FLORIDA STATE
CORPORATIONS
95 JUN 12 PM 1:01

DOCUMENT # **P94000008337 (5)**

1. Corporation Name
TEAM ROSOFF, INC.

Principal Place of Business	Mailing Address
3567 COMMODORE CIRCLE DLERAY BEACH FL 33483	3567 COMMODORE CIRCLE DLERAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:

2. Principal Place of Business 21 123 N.W. 13 Street 22 Suite, Apt. #, etc. 214-9 23 City & State: Boca Raton, Florida 24 Zip: 33432 25 Country: USA	2a. Mailing Address 26 123 N.W. 13 Street 27 Suite, Apt. #, etc. 214-9 28 City & State: Boca Raton, Florida 29 Zip: 33432 30 Country: USA	4. FEI Number: 65-0465331 ☐ 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

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Marvin Rosoff
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3567 Commodore Circle
84 City: Delray Beach FL 85 Zip Code: 33483

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Marvin S. Rosoff (Name of person signing) and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 1/12/94

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☑ Change ☐ Addition
NAME	ROSOFF, MARVIN S	1.2 NAME	
STREET ADDRESS	% 3567 COMMODORE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL ~~33194~~ 33483	1.4 CITY-ST-ZIP	33483
TITLE	VP	2.1 TITLE	☐ Change ☑ Addition
NAME	Rosoff, Jason E.	2.2 NAME	
STREET ADDRESS	3567 Commodore Circle	2.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Marvin S. Rosoff — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/12/95 — Daytime Phone #: 305/733-4100

0277120 CP