FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000018284 (7)

ROTHHART, INC.

Principal Place of Business	Mailing Address		
1001 N CENTRAL AVE KISSIMMEE FL 34741	1001 N CENTRAL AVE KISSIMMEE FL 34741		

FILED May 04 1998 8:00am Secretary of State



1001 N CENTR Kissimmee Fl		1001 N CENTRAL AVE KISSIMMEE FL 34741	•						
MODIMMEE I	. VT (T)	MODIMMEE IE 04744			DO NOT WRITE IN TH	IS SPACE			
					3. Date Incorporated or Qualified				
					03/03/1994		i		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For		
21		26			59-3156380	N.	ot Applicable		
Suite, Apt. (F, etc.	Suite, Apt. #, etc.				\$8.75	Additional		
22		27			5. Certificate of Status Desired	Fee Ro	equired		
City & State)	City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28	28		Trust Fund Contribution				
Zip	Country	Zıp	Countr	y	8. This corporation owes or has paid the	current year Inf	tangible		
24	25	29	30		Personal Property Tax due June 30.] No		
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Registers	d Agent			
ROT	infeld, robert		81	Name					
	1 N CENTRAL AVE		62	Street Ac	kiress (P.O. Box Number is Not Acceptable)				
	SIMMEE FL 34741		1	O GOOT AG	Allous (1.0. Box 14011bol 10 1101 Alloupidblo)		į.		
, ,,,			83	,					
1			84	J-0'-		75-1 %	0.4		
			84	City	F	E 85 Zip	Code		
11. Pursuant to	o the provisions of Sections 6	07.0502 and 607.1508, Florida Sta	tutes, the abov	e-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	_	ts registered		
office or re	egistered agent, or both, in the	e State of Florida. Such change wa	is authorized b	y the corpor	ration's board of directors. I hereby accept the a	ppointment as	registered		
agent. Lam tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or pointed name of regis	forud agent and lifle if applicable (N	NOTE: Registered Ap	ent signature rer	quired when reinstating) DATE				
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12		
TITLE	Ď	DELETE	1.1 TITLE			Change	Addition		
NAME	EHRHART, WILLIAM		1.2 NAME	1			ľ		
STREET ADDRESS	1001 N CENTRAL AVE			T ADDRESS			-		
CITY-ST-ZIP	KISSIMMEE FL 34741		1.4 CITY-						
TITLE	Ď	T. DELETE	2.1 TITLE	21 411	· · · · · · · · · · · · · · · · · · ·	Change	Addition		
NAME	ROTHFELD, ROBERT	_	2.2 NAME			-	Ì		
STREET ADDRESS	1001 N CENTRAL AVE			T ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL 34741		2.4 CITY-						
TITLE	Moonings C OTT T	DELETE	31 TITLE	01-24		Change	Addition		
NAME		2 444.2	3.2 NAME	İ					
STREET ADDRESS				T ADDRESS					
1			1	1			l l		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	51-ZIP		Change	Addition		
l .		ے مددار				C Digital	L Addition		
NAME			4. 2 NAME	i i					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		- December	4.4 CITY-	ST-ZIP		1 00	I desc.		
TITLE		DELETÉ	5.1 TITLE			☐ Change	Addition		
NAME			5.2 NAME	Ī			ļ		
STREET ADDRESS			5.3 STREE	T ADDRESS			ļ		
CITY-ST-ZIP			5.4 CHTY-	ST - ZIP					
TITLE		☐ DELETE	6.1 TITLE	ļ		Change	Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-2IP			6.4 CITY-	\$1 - ZIP					
		,							

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.