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 # P94000018323 (3)

ROPER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Feb 03 1998 8:00am Secretary of State



653 NE 5TH AVE DELRAY BEACH FL 33483 US		653 NE 5TH AVE DELRAY BEACH FL 33483 US			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
				03/04/1994		
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
M 5 5 5 4		555 4 GRAN	E JAM CI.	£ < 4 65-0473098	Not Applicable	
Suite, Apt.	,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 DELR.	AY BEACH FL Country	28 SELRAY 136.	ACH, FL	Trust Fund Contribution	Added to Fees	
Žip		Zip	Country	8. This corporation owes or has paid the		
24 334	9. Name and Address of Current	29 33 48 4 3	BO PALM B	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No	
	_ 	Jedistelen Wästit	81 Name		a Agent	
WALDRUN, TERENCE F						
***	-NE-STH-AVE-		82 Street	STYSS (POPANDE IS PIACONIADIE)	2015	
DEI	LRAY-BEAGH FL-83483"		83 95	Dad Guarante I Harl Cil		
			83			
			84 City	DAY R-DOLL -	. 85 3000 PM	
		1007 1100 51	ν	eury detect f	L 33401	
office or re	to the provisions of Sections 607.0502 egi stered agent, or both, in the State of m familiar with, and accept the obligate	Florida, Such change was au	ithorized by the con	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	e of changing its registered appointment as registered	
SIGNATURE					······	
12.	Signature, typed or printed name of regelered again. OFFICERS AND		Hog-stered Agent signature	p required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
	•	L-J OLLEIL			Citalige C Addition	
NAME	WALDRON, TERENCE F		1.2 NAME	255 / 37044	C. O. F. 1 M	
STREET ADDRESS	- 853 NE 5TH AVE		1.3 STREET ADDRESS	SSSX GRANDE PALM DELRAY BEACH, FL	21// 6/ C	
CITY-ST-ZIP	- DENMI DENOTITE	DELETE	2 1 TITLE	DELRAY ISCACH, FL	Change Addition	
NAME			2 2 NAME		CT croude CT yandian	
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETÉ	2. 4 CiTY-ST-ZiP 3.1 TITLE		Change Addition	
NAME		C) betelf	3.2 NAME		Change Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME		otter	4. 2 NAME		CT Outpuge CT Rookley	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
		☐ DELLIE			Change Addition	
NAME CTREET ADDRESS			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-S1-7IP 6.1 TITLE		Change Addition	
NAME			1		CT comitions CT variables	
			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City-St-ZIP	ertify that the information supplied with	this bling does not qualify for	6.4 City-St-ZiP	Led in Section 119.07(3)(i), Florida Statutes. I further	certify that the information	
indicated of officer or c	on this annual report or supplemental a	innual report is true and accur er or trustee empowered to ex	ate and that my sig	mature shall have the same legal effect as if made required by Chapter 607, Florida Statutes; and the	under oath; that I am an	