

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90063 005 \*\*\*150.00

DOCUMENT # P94000027276

1. Corporation Name

ASHLING M. ROCHE, P.A.



Principal Place of Business

2701 EAST SUNRISE BLVD. #310  
FT LAUDERDALE FL 33304  
US

Mailing Address

1300 SE 17TH ST CA USEWAY  
217  
FT LAUDERDALE FL 33316  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1994

4. FEI Number

65-0481001

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2775 East Oakland PK

Suite, Apt. #, etc.

22 6

City & State

23 Ft. Lauderdale FL

Zip

24 33306

Country

25 USA

2a. Mailing Address

26 2775 East Oakland PK Blvd.

Suite, Apt. #, etc.

27 6

City & State

28 Ft. Lauderdale

Zip

29 FL

Country

30 33306

9. Name and Address of Current Registered Agent

ROCHE, ASHLING M  
2701 EAST SUNRISE BLVD., #310  
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name Roche, Ashling Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

2775 East Oakland PK Blvd #6

83

84 City Ft. Lauderdale

FL

85 Zip Code

33306

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

*Ashling Roche*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/10/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PTS ☐ DELETE

NAME ROCHE, ASHLING M  
STREET ADDRESS 2701 EAST SUNRISE BLVD., #310  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTS ☒ Change ☐ Addition

1.2 NAME Roche, Ashling M  
1.3 STREET ADDRESS 2775 East Oakland PK Blvd #6  
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33306

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

*Ashling Roche*  
Signature and typed or printed name of signing officer or director

3/10/99  
Date

(954) 630-8024  
Daytime Phone #

CR2E034 (11/98)