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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P94000028648 (1)

1. Corporation Name P94000028048 (1)							
AMERICAN ROOTER, INC.							
, unainc	, at 1100 / Lt., 1100						
Principal Place	e of Business	Mailing Address				1441 ABILA 91201 IDILO BELES C	TERLIGIC SANT
5008 W LINES	BAUGH AVENUE	5008 W LINEBAUGH AVE	NUE				
SUITE 37		SUITE 37		DO NOT WRITE IN THIS SPACE			
TAMPA FL 33624 US		1AMPA FL 33624 US	TAMPA FL 33624		3. Date Incorporated or Qualified		
00		00			04/13/1994		ļ
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number		Applied For
21					59-3229390		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 +	Additional
22		27					Required
City & State		City & State	<u> </u>		6. Election Campaign Financing		O May Be d to Fees
Zip			Country		Trust Fund Contribution  8. This corporation owes or has page		
24	25 29 30		<b>⊢</b> '		Personal Property Tax due June		☐ No
24	g. Name and Address of Curre		1001		10. Name and Address of New Re		
PHI	ELPS, MARK E		81	Name			
5008 W LINEBAUGH AVENUE			82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)	
SUITE 17							
TAMPA FL 33624			83				
			84	,			p Code
11. Pursuant	to the provisions of Sections 607.05	602 and 607.1508, Florida Statu	tes, the above	e-named corp	oration submits this statement for the ion's board of directors. I hereby acce	purpose of changing	its registered
office or r	egistered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505, Fl	authorized by orida Statute:	y the corporati s.	ion's board of directors. I hereby acce	pt the appointment a	is registered
SIGNATURE		•					
SIG(4) O.IE	Signature, typed or printed name of registered a			ent signature requir	ed when reinstating)	DATE	
12.		ND DIRECTORS  DELETE	13.	-	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
TITLE	<u> </u>		1.1 TITLE 1.2 NAME				
NAME ampara vanos as	TILL OF THE WAY		1.3 STREET	T ADDRECC			
STREET ADDRESS			1.4 CITY - S				
CITY-ST-ZIP TITLE	S	DELETE	2.1 TITLE	31-21		Change	Addition
NAME	PHELPS, SHARON	_	2.2 NAME				
STREET ADDRESS	12405 CARDIFF DR		2 3 STREET	ADDRESS			
CITY-ST-ZIP	TAMAP FL TAMPA		2. 4 CITY-				
TITLE	DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY - ST - ZIP			3.4. CITY-	ST-ZIP			
TITLE	<u>i</u> DELETE		4.1 TITLE			Change	Addition
NAME			4. 2 NAME				-
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP		Change	e
TALE			5.1 TITLE			i change	; LI AUGINOIT
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		DELETE	5.4 CITY - S 6.1 TITLE	SI+ZIP		☐ Change	Addition
TITLE		000010	6.2 NAME				
NAME			O'S HAME	1			

14. Thereby 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.

6.3 STREET ADDRESS

SIGNATURE TO ALL CARLODE RETVIRE PHOLO

H0-98 8RA63-3670

**FILED** 

Jan 16 1998 8:00am

Secretary of State

CR2E034 (10/97)