**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90032 027 \*\*\*150.00

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1. Corporation Name

DERICK J. ROULHAC, P.A.

Principal Place	of Business	Mailing Address				( 100 (100) tre (81)) 450() 60()) 60() 60() 60() 60() 60()
ONE EAST BRO	WARD .	P.O. BOX 22313				
700		FT. LAUDERDALE FL 3	3335			DO MOT MORE IN THE SPACE
FT. LAUDERDAL	.E FL 33301	US				DO NOT WRITE IN THIS SPACE
US						3. Date Incorporated or Qualifed
						04/19/1994 4. FEI Number Applied For
2. Principal Pl	ace of Business	2a. Mailing Address				Table     Tabl
21		26				65-0486642   Not Applicable   \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22		27 Situ 8 Ctata				
City & State	B, . ~ ~ ~ ~	City & State	'			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Causalan	Zip	Col	intry	_	8. This corporation owes the current year Intangible
Zip	Country	<b>⊢</b>	· ·	ли у		Personal Property Tax.
24	25	29	30	Γ.		10. Name and Address of New Registered Agent
	9. Name and Address of Currer	nt Registered Agent		81	Name	
DEBI	CK ROULHAC			•		
	EAST BROWARD			82	Street	et Address (P.O. Box Number is Not Acceptable)
	E 700			00		
	AUDERDALE FL 33301			83		
FI.L	AUDENDALE FL 33301			84	City	85 Zip Code
						FL   S   S   S   S   S   S   S   S   S
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida St	atutes, the a	bove	-named	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
office of re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Stat	utes.		poration's board of directors. Thereby develops the appointment at a significant
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (f	OTE: Registered	Agen	1 signature i	re required when reinstating) DATE
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 To	TLE		Director & PRESIDENT (P) MChange Addition
NAME	ROULHAC, DERICK		1.2 N	AME		Routhor Derick 10300 NW 18 to PLACE
STREET ADDRESS	757 N.W. 99TH CIRCLE		1.3 S	TREET	ADDRESS	S 10 300 No. 18 = 7 C.
CITY-ST-ZIP	PLANTATION FL 33324		1.4 0	ΠY-\$	T-ZIP	Plantation, FL 33322
TITLE		☐ DELETE	2.1 T	TLE		☐ Change ☐ Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 S	TREET	ADDRESS	ss
CITY-ST-ZIP			2.40	XTY-S	T-ZIP	
TITLE		☐ DELETE				☐ Change ☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·	* ** * *	- 3.2 N	AME		
STREET ADDRESS			3.3 S	TREET	ADDRESS	SS
				ITY-S		·
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE			,,- <u></u>	☐ Change ☐ Addition
i			4.21			
NAME					TADORESS	
STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE		ПY-\$'	1-4IY	Change Addition
TITLE		₩ Octel	5.7 I			,
NAME	,				r address	200
STREET ADDRESS			Į.			~
CITY-ST-ZIP		DELETE		ITY-S	1-217	☐ Change ☐ Addition
TITLE						
NAME :	·		6.2 N			
STREET ADDRESS			6.3 S	TREE	FADORESS	55

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP