

4/24/98 B-5495-C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000041467 (9)

1. Corporation Name
CORINNE ROTH INVESTMENTS, INC.

Principal Place of Business

1783 S. CREEK LANE
OSPREY FL 34229

Mailing Address

1783 S. CREEK LANE
OSPREY FL 34229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1994

4. FEI Number

65-0505831

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 8846 Fishermens Bay Dr.

Suite, Apt. #, etc.

22 City & State

23 Sarasota Florida

24 Zip

34231

Country

25 U.S.A.

2a. Mailing Address

26 8846 Fishermens Bay Dr.

Suite, Apt. #, etc.

27 City & State

28 Sarasota Florida

29 Zip

34231

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ROTH, CORINNE
1783 S. CREEK LANE
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name

82 Street Address

83 P.O. Box Number (if Not Acceptable)

84 City

85 State

86 Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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.

SIGNATURE:

Corinne S. Roth

Mar 27, 1998 941-964-7203

CR2E034 (10/97)