

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

FILED  
Apr 16 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 # P94000054944 (1)

1. Corporation Name

ROULEAU INSURANCE, INC.

Principal Place of Business

Mailing Address

672 E. TARPON AVENUE  
TARPON SPRINGS FL 34689

672 E. TARPON AVENUE  
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/22/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3266105	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROULEAU, DAVID D  
672 E. TARPON AVENUE  
TARPON SPRINGS FL 34689

81 Name	MEL KAPLANI
82 Street Address (P.O. Box Number is Not Acceptable)	5001 CENTRAL AVENUE.
83	
84 City	ST. PETERSBURG FL
85 Zip Code	33710

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 *Mel Kaplani - President* DATE 4-8-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROULEAU, DAVID D	1.2 NAME	MEL KAPLANI
STREET ADDRESS	453 OLD OAK CIRCLE	1.3 STREET ADDRESS	5001 CENTRAL AVENUE.
CITY - ST - ZIP	PALM HARBOR FL 34683	1.4 CITY - ST - ZIP	ST. PETERSBURG FL 33710
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROULEAU, JEAN E	2.2 NAME	BLANCHE KAPLANI
STREET ADDRESS	453 OLD OAK CIRCLE	2.3 STREET ADDRESS	5001 CENTRAL AVENUE.
CITY - ST - ZIP	PALM HARBOR FL 34683	2.4 CITY - ST - ZIP	ST. PETERSBURG FL 33710
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	ROULEAU, DAVID D.
STREET ADDRESS		3.3 STREET ADDRESS	5001 CENTRAL AVENUE.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	ST. PETERSBURG FL 33710
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Mel Kaplani* DATE: 4-8-98 813-327-7444

CR2E034 (10/97)