

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mertham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:59

DOCUMENT # P94000065149 (4)

1. Corporation Name
ROOS INDUSTRIES CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8163 NW 74 AVE 8163 NW 74 AVE
MEDLEY FL 33166 MEDLEY FL 33166

3. Date Incorporated or Qualified 08/30/1994
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number 65-0501203
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 City & State 25 County 29 City & State 30 County

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ROOS, PATRICIA C
8163 NW 74 AVE
MEDLEY FL 33166

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 Signature typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY, ST, ZIP	1.4 CITY, ST, ZIP		
TITLE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY, ST, ZIP	2.4 CITY, ST, ZIP		
TITLE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY, ST, ZIP	3.4 CITY, ST, ZIP		
TITLE	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	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	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), 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: *Patricia Roos* Patricia Roos 4/20/95 (305) 863-0009
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

REMITTED BY MAY 1