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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

SIGNATURE:

DOCUMENT # P 9500000 4621 VOK 1. Corporation Name ROUGH SKECH, INC.

FILED
May 17, 1999 8:00 am Secretary of State
Secretary of State
05-17-1999 90010 007 ***150.00

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Principal Place of Business	Mailing Address					
1566 N.E. 110 5	T 1566 N	I.E. 11	0 57.			
13/	1 minmi	, ,	3211	DO NOT WRITE IN TH	IIS SPACE	
MIAMI, FL 3316	/ ////-///	, FL	J 0 76	3. Date incorporated or Qualifed		
2. Principal Place of Business	2a. Mailing Address			4. FFI Number	Α	pplied For
¬ '	26			4. FEI Number 65-05-49645		ot Applicable
1 Suite. Apt. #, etc.	Suite, Apt. #, etc.					Additional
2	27			5. Certifcate of Status Desired	•	equired
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
3	28			Trust Fund Contribution	•	to Fees
Zip Country	Zip	Country		8. This corporation owes the current year		
4 25	29	30		Personal Property Tax.	<b>⊡</b> Yes	□ No
9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registere	ed Agent	
CECILIA M. W.	FAUER	81	Name			
	- <del></del> -	82 Street Add		ress (P.O. Box Number is Not Acceptable)		
15-66 N.E. 110	ST.	83				
MIAMI, FL 3	3/6/	83				
, , , , , , =	·	84	City	E	85 Zip	Code
11. Pursuant to the provisions of Sections 607.	0500 and 507 1509 Florido Statuto	the shows	named corne	vication submits this statement for the purpose	of changing its	e registered
office or registered agent, or both, in the St agent. I am familiar with, and accept the ob	tate of Florida. Such change was au	thorized by tl	he corporation	n's board of directors. I hereby accept the app	pointment as r	egistered
SIGNATURE Signature, wheel or printed name of registered	agent and title if applicable. (NOTE.)	Registered Agent	signature required	when reinstating) DATE		
Signature, typed or printed name of registered	d agent and title if applicable. (NOTE. I	Registered Agent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
Signature, typed or printed name of registered  OFFICERS	AND DIRECTORS		signature required		AND DIRECT	
Signature, typed or printed name of registered 2.  OFFICERS  TILE  PRESIDENT	AND DIRECTORS	13.	signature required			
Signature, typed or printed name of registered 12.  OFFICERS  ITLE  PRESIDENT  CECILIA- W	SAND DIRECTORS  DELETE  EAVER	13. 1.1 TITLE				
Signature, typed or printed name of registered  2. OFFICERS  TILE PRESIDENT  CECILIA- W  TREET ADDRESS / 566 N.E. //	SAND DIRECTORS  DELETE  SEAVER  OST	13. 1.1 TITLE 1.2 NAME	ADDRESS			
Signature, typed or printed name of registered name of registered printed name of registered printed name of registered printed name of registered name of reg	SAND DIRECTORS  DELETE  SEAVER  OST  33/6/	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	ADDRESS			ORS IN 12
12. OFFICERS  ITLE PRESIDENT  CECILIA W  STREET ADDRESS / SGG N.E. /  CITY-ST-ZIP MIAMI, FL  TILE SEC-TREAS	SAND DIRECTORS  DELETE  SANGER  ST  33/6/	13. 1.1 TITLE 12 NAME 1.3 STREET A 1.4 CITY-ST-	ADDRESS		Change	Addition
Signature, typed or printed name of registered parts.  OFFICERS  ITLE  AME  CECILIA  TREET ADDRESS  ITY-ST-ZIP  TILE  SEC-TREAS  AME  TOHN 5 CEL	SAND DIRECTORS  DELETE  DEAVER  ST  33/6/  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	ADDRESS ZIP		Change	Addition
Signature, typed or printed name of registered 2.  OFFICERS  ITLE  AME  CECILIA  W  TREET ADDRESS  ITY-ST-ZIP  MIAMI, FL  ITLE  SEC-TREAS  AME  TO HAS 5 C.EL  TREET ADDRESS  1566 N.E. / 1	SAND DIRECTORS  TO DELETE  JEANER  JOST  33/6/  ZO  JOST  33/6/	13. 1.1 TITLE 12 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 22 NAME	ADDRESS ZIP		Change	Addition
Signature, typed or printed name of registered 2.  OFFICERS  TILE  AME  CECILIA  W  TREET ADDRESS  INV-ST-ZIP  MIAMI, FL  TREET ADDRESS  IS G G N.E. / INV-ST-ZIP  MIAMI, FL  TREET ADDRESS  IS G G N.E. / INV-ST-ZIP  MIAMI, FL  TREET ADDRESS  INV-ST-ZIP  MIAMI, FL  TO HAM S C.E. / INV-ST-ZIP  MIAMI, FL	SAND DIRECTORS  DELETE  SANGER  SANGE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A	ADDRESS ZIP		Change	Addition
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The . LECILIA M. WEAVER 4/26/49 (305) 891-1021