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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	RO ENTERPRISES, INC.	0009418 (1	')			28/10 (14/4 (16/14 <del>1</del> 8/14 18/14 18/14
Principal Plac	e of Business	Mailing Address			I LOGISTORI SEO SESOLE BISSI ORISE COLIS DOSSI DO	18116 18111 B1681 11881 1811 1881
1293 S.W. 112 WAY 1293 S.W. 112 V FORT LAUDERDALE FL 39325 FORT LAUDERDA			FL 33325		DO NOT WRITE IN THI	IS SPACE
					3. Date Incorporated or Qualified	
1 Dringing F	Place of Business	2a. Mailing Address	<del>-</del> ·		02/06/1995 4. FEI Number	Applied For
21	race of business	26		65-0564808	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zıp	Country	Zıp	_ <b>_</b>	untry	8. This corporation owes or has paid the	
24	g. Name and Address of Curre	nt Replatered Acent	30	<del></del>	Personal Property Tax due June 30.  10. Name and Address of New Registers	
	<del></del>	III Hedisiera võett		B1 Name	Ib. Name and Address of New Hegistere	o vitarir
RIVEST, CELINE						
	1293 S.W. 112 WAY FORT LAUDERDALE FL 33325			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
-	MI CAUDENDALE PE 33323			83		
				84 City	F	85 Zip Code
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change w pations of, Section 607.0505   RESIDEN 7	ras authoriza 5, Florida Sta	ed by the corporal	coration submits this statement for the purpose tion's poard of directors. I hereby accept the a country to the purpose tion's poard of directors. I hereby accept the acceptance the acceptanc	of changing its registered ppointment as registered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PT	☐ DELETE	1.11	TITLE		Change Addition
NAME	RIVEST, CELINE			NAME		
STREET ADDRESS	1293 S.W. 112 WAY	<b>1</b> 5		STREET ADORESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 3332	ZO DELETE		CITY-ST-ZIP		Change Addition
TITLE NAME	LEVESQUE, ANDRE	Otter		NAME		Cligatibe T variation
STREET ADDRESS	1293 S.W. 112 WAY			STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 3332	****		CITY-ST-ZIP		
TITLE				TITLE	7	Change Addition
NAME			3.21	NAME		
STREET ADORESS	l		3.3 9	STREET ADDRESS		
City-St-Zip			3.4.	CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 1	FITLE		☐ Change ☐ Addition
NAME			4. 2	NAME		
STREET ADDRESS	ļ		4.3 8	STREET ADDRESS		
CITY-ST-ZIP		····		CITY - ST - ZIP		···
TITLE		DELETE		TITLE		☐ Change ☐ Addition
NAME			5.2	NAME		

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 attainment with an address.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

DELETE

Change

Addition

**FILED** 

Apr 16 1998 8:00am

Secretary of State