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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023581 1. Corporation Name

ADRIENNE L. ROTH, P.A.

Principal Place	e of Business	Mailing Address	Mailing Address			(1981/486 ve ster Ster Ster Ster Ster Ster Ster Ster S
2545 NE 206 LI	N	2545 NE 206 LN	2545 NE 206 LN			
N MIAMI BEACH	H FL 33180		N MIAMI BEACH FL 33180			DO NOT WRITE IN THIS SPACE
US		US	US			3. Date Incorporated or Qualifed
						03/22/1995
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				65-0567926 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27				Fee Required
City & Stat	ė	City & State				6. Election Campaign Financing \$5.00 May Be
23		Zip Country			Trust Fund Contribution Added to Fees	
Žip —	Country	Zip		ntry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes 📉 No
24	25	29 Agent	30			10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent 81 N						10, Traine and reduces of their registeres at 1900
KLEIN, MITCHELL D						
1120 E HALLANDALE BCH BLVD				82	Street Address (P.O. Box Number is Not Acceptable)	
	LANDALE FL 33009			83		
					0	85 Zip Code
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nam office or registered agent, or both, in the State of Florida. Such change was authorized by the companies.					e-named corr	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	itions of, Section 607.0505, FI	orida Stati	ıtes.		on o sound or direction.
SIGNATURE						
L	Signature, typed or printed name of registered age	nt and title if applicable. (NOT ND DIRECTORS	E: Registered	Agen	t signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	D OFFICERS AI	DELETE	1,1 TI	LE		Change ☐ Addition
NAME	ROTH, ADRIENNE L					
STREET ADDRESS 2545 NE 206 LN			1.3 ST		ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33180		1.4 CITY-ST-ZIP		Į.	
TITLE	DELETE 2.1T				Change Addition	
NAME	221		ME	'		
STREET ADDRESS			2.3 S1	2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 C		T-ZIP	
TITLE	☐ DELETE 311		TLE.		☐ Change ☐ Addition	
NAME	3.2		3.2 N/	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP			3.4. C	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	LETE 4.1 TITLE			☐ Change ☐ Addition
NAME	IE .		4.2 N	4. 2 NAME		
STREET ADDRESS	DRESS 4.3		4.3 S1	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CI		r-21P	50 5400
TITLE	□ DELETE		1	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		□ nei ere	5.4 CI 6.1 TI	TY-S	I-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE				☐ Cuange ☐ Modition
NAME			6.2 N	WE	1	

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

May 07, 1999 8:00 am Secretary of State

05-07-1999 90071 046 ***150.00

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