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PROFIT -CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P95000029692**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90049 013 \*\*\*150.00

ROGER AND RITA, INC.						#())# (#()# ()##(	
Principal Place	o of Pusiness	Mailing Address				-	11110   11110   1111   1111
•		P.O. BOX 291102					
3000 E. FLETCHER AVE P.O. BOX 291102 SUITE 370 TAMPA FL 33687							
TAMPA FL 33613 US						DO NOT WRITE IN THIS SPACE	<u> </u>
U\$						3. Date Incorporated or Qualifed	
						04/17/1995	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-3310933	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					75 Additional e Required
City & State	e	City & State	-			6. Election Campaign Financing \$5.	.00 May Be
23 28						Trust Fund Contribution Ad	ded to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible	Rest.
24	25	29	30	,—		Personal Property Tax.	<b>₩</b> No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	
DATI	uri, reena			81	Name		
	25 N 37TH ST			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
	Z FL 33549						<del></del> _
LO12	2 FL 33349			83			
ı			١	84	City	FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the al	bove	-named corpo	ration submits this statement for the numose of changing	g its registered
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Flo	uthorizec	ז עם נ	tne corporation	's board of directors. I hereby accept the appointment	as registered
SIGNATURE	*****	£	- Davistand	Annet	t signature required	when reinstation) DATE	
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Ayent	r agriatore required	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	DPS	DELETE	1.1 TI	πE		Cha	
NAME	RATURI, REENA						inge 📑 Addition
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OTT CT 7ID	l .		1.3 ST	REET	ADDRESS	•	inge Li Addition
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6.4 CITY-ST-ZIP 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, with all other like empowered.

(813) 977-4767