FILE	NOW: FILING FEE	AFTER MAY 1 IS	\$225.00		
	PROFIT	FLORIDA DEPART	MENT OF STATE		
	PORATION AL DEPORT	Sandra B.			
	ANNUAL REPORT Secretary of State 1006 DIVISION OF CORPORATIONS				
	1996				
DOCUN 1. Corporation	/ENT # P9500003	0304			
1. Corporation	name				
Stat	tewide Contracto	rs, Inc.			
Dissinal Disse	of Dunings	Mailing Address			
Principal Place	Northpoint Park	0			
	te 310	way			
	Palm Beach, Fl	. 33407		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ice of Rusiness	28. Mailing Address		04/11/95 4. FEI Number	Applied For
21 Principa: Fia	ICC OF DOGNIDOS	26		65-0656722	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution 8. This corporation has liability for it	Added to rees
Zip 24	Country 25	Zip 29	Country 30	Florida Statutes	∑ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
Sall	ly A. Kovarik		81 Name	Land D.O. Dan Mark in New Association	Io.
	Northpoint Park	way	82 Street Add	ress (P.O. Box Number is Not Acceptab	
	te 310		63		
West	t Palm Beach, Fl	. 33407	84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above named corpo	pration submits this statement for the pur	of the size its resistance office
or registere familiar wit	ed an int, or both, in the State of Flo th, and accept the pollyations of, Sec	rida. Such change was authorized ction 607,0505, Florida Statutes.	by the corporation's bot	oration submits this statement for the put and of directors. I hereby accept the appr	Official as registered agent. Fam
SIGNATURE	Signature, typod o printed name of registered age	nt and title if applicable INOTE:	Rogistered Agent signature requir	ed when reinstating!	4-23.96 DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change
TITLE	President John C. Franta	DELETE	1.1 TITLE 12 NAME		The property
NAME STREET ADDRESS	901 Northpoint	Pkwy, #310	1.3 STREET ADDRESS		
	Palm Beach, Fl	33407	1 4 CITY-ST-ZIP		Change Addition
TITLE NAME		☐ DEFELE	2.1 TITLE 2.2 NAME		[one go [nooms
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CHTY-ST-ZIP		Change Addition
TITLE NAME		☐ DELETE	3. 1 TITLE 3 2 NAME		Gridings Floation
STREET ADORESS			33 STREET ADDRESS		
CITY - ST - ZIP		D DCL LTC	3 4 CITY - ST - ZIP		☐ Change ☐ Addition
TIILE NAME		☐ DELETE	4. 1 TITLE 4.2 NAME	2000010	
STREET ADDRESS			4.3 STREET ADDRESS	20000180 -05/01/96010	005012
CIFY - ST - ZIP		FIDUET	4.4 CITY - ST - ZIP	***200.00	Change Addition
TITLE NAME		DELETE	5 1 TITLE 52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP		E DO ETC	54 CITY-S1-ZIP		Change Chilan
TITLE NAME		☐ DELETE	6 1 TITLE 6.2 NAME		ラング プロー
STREET ADDRESS			6.3 STREET ADDRESS		4 42
City-St-ZIP	16.41.21.41	d with thin films is not stock, 6 mis	6.4 City-S1-ZIP	for the exemption stated in Section 119	0.07(3)/k), Florida Statutes, Lfurther
				rate and that my signature shall have the this report as required by Chapter 607, F	
appears in	n Block 12 or Block 13 if changed, c	r on an attachment with an addres	SS.	., -, -, -, -, -, -, -, -, -, -, -, -, -,	•

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1996 (407)-687-1199

CR2E034 (12/95)

FILE NOW:	FILING	FEE	AFTER	MAY	1	IS	\$225	.00
PROFIT		THE ST	Õs.	C. ODIO 1				

FILE NOW. F	ILINU FEE A	FIED MAI I I	3 \$223.00			
PROFIT		FLORIDA DEPA	RTMENT OF STATE			
CORPORATION	(340-May 14 . 1.471-4	Sandra	B. Mortham			
ANNUAL REPORT		7	ary of State			
1996		DIVISION OF	CORPORATIONS			
DOCUMENT # 1. Corporation Name	57318	4 (1)				
ROTH INVESTME	ENTS, INC.					
	•					
Principal Place of Business		Mailing Address				
% David A. Dunk	kin	Guenter Roth				
170 West Dearbo		2075 Tarpon W	•	Date Incorporated or Qualified	3a. Date of Last Report	
<pre>-Englewood, FL 3</pre>	34223	Englewood, FL 34224		08/14/1991	03/21/1994	
Principal Place of Business		2a. Mailing Address		4. FEI Number	1 00,21,	Applied For
21		26		65-0279171		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	7	75 Additional
City 9 Ctata		City & State		6. Election Campaign Financing		e Required .00 May Be
City & State	Ì	28		Trust Fund Contribution		ded to Fees
	Country	Zip	Country	8. This corporation has liability for		s 199.032,
24 25		29	30	Florida Statutes 10. Name and Address of New Re		
	Address of Current R		81 Name	10. Name and Address of New N	agistereu Agent	<u></u>
DUNKIN,	DAVID A. ST DEARBORN S	TOPET	92 54	dress (P.O. Box Number is Not Acceptable	(6)	
170 WES	OD, FL 34223	IKEEI	82 Street Ac	agress (F.O. Dox Nortical is Not Acceptable		
ENGLEWO	10D, FL 34223		83			
			84 City		65	Zip Code
11 Dura and to the provisions	of Sections 607 0509 an	d 607 1508 Florida Statute	es the above-named corr	poration submits this statement for the pur	pose of changing it	s registered office
or registered agent, or both familiar with, and accept th	 in the State of Florida. 	Such change was authorize	ed by the corporation's b	oard of directors. I hereby accept the appo	ointment as register	ed agent. I am
	e obligations or, Section	007.0000, Florida Otatutes	•			
SIGNATURE Sgnature, typed or prin	nted name of registered agent and		TE: Registered Agent signature req		DATE	T000 N140
12.	OFFICERS AND D	RECTORS DELETE	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFFE	CERS AND DIREC	
NAME PD		Посил	1.2 NAME			
CIDECT ADDRESS ROTH,	GUENTER		1.3 STREET ADDRESS			
2075	TARPON WAY	\ 4	1.4 CITY - ST-ZIP			
THUE . LINGLE	WOOD, FL 342 2	.4 □ DELETE	2. 1 TITLE	2000010	☐ Chang	ge 🔲 Addition
NAME			2 2 NAME	3 000018 0 -05/01/96010) <u>- </u>	
STHEET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	***200.00	, O10	
THLE DC		☐ DELETE	3. 1 TITLE		☐ Chang	ge 🔲 Addition
NAME DOTH	MELITTA		3.2 NAME			
STREET ADDRESS 2075	MELITTA TARPON WAY		3.3. STREET ADDRESS			
LUIT-SI-ZIP ENGLE	WOOD, FL 3422	DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		[7] Chang	ge Addition
TITLE NAME	•	L) beccir	4.2 NAME	1		
STHEET ADDRESS			4 3 STREET ADDRESS	l l		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP			
THLE		☐ DELETE	5. 1 TITLE	Ţ	☐ Chan	ge 🔲 Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6 1 TITLE		☐ Chạn	ge ddition
NAME		_ -	62 NAME	•	H-30	
STREET ADDRESS			63 STREET ADDRESS		4/5	12/2

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 ecciver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if exanged, or on an attackment with in address.

64 CITY-ST-ZIP

SIGNATURE: _

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytinie Phone #