

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

FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000095918 1. Corporation Name Robert Roth Real Estate, INC.			
Principal Place of Business 3200 NE 14 STREET POMPANO BEACH, FL 33062		Mailing Address 3200 NE 14 STREET POMPANO BEACH, FL 33062	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 1/1/96	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 632-0644661	Applied for Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Name and Address of Current Registered Agent Robert Roth 1201 S. RIVERSIDE DR POMPANO BEACH, FL 33062		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE [Signature] Signature (typed or printed name of registered agent and title if applicable)		3/4/97 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change Addition
NAME	STREET ADDRESS	12 NAME	
CITY-ST-ZIP		13 STREET ADDRESS	
		14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	Change Addition
NAME	STREET ADDRESS	22 NAME	
CITY-ST-ZIP		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
TITLE	NAME	31 TITLE	Change Addition
NAME	STREET ADDRESS	32 NAME	
CITY-ST-ZIP		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	Change Addition
NAME	STREET ADDRESS	42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE	Change Addition
NAME	STREET ADDRESS	52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	Change Addition
NAME	STREET ADDRESS	62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
		64 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE: [Signature]		3/4/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)