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 # P96000037853

City & State

23

ROFE PROPERTIES, INC.					
Principal Place of Business	Mailing Address				
8000 INTERNATIONAL DR SUITE 200 ORLANDO FL 32819	8000 International DR Suite 200 Orlando Fl 32819				
	· .				
2. Principal Place of Business	2a. Mailing Address				
21	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

27

28

City & State

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90051 043 ***150.00

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

04/26/1996 4. FEI Number

59-3380571



П

DO NOT WRIT	E IN THIS	SPA	CE .	•	•
				,	
				7	

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

Zıp	Country	ZIP				6. This corporation owes		ray		
4	25	29	3	0		Personal Property Tax 10. Name and Address of			□No	
-	9. Name and Address of Current F	Registered Ago	ent		-	10. Name and Address o	r New Registered	Agent		
ROFE, DAVID				81	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
8000	INTERNATIONAL DR SUITE 200			-		, 4, sum . = £2.5	ر. د داهو د مخت نجو دو د	<u>. 20 () () () () () () () () () (</u>	42.00	
ORL	ANDO FL 32819			83		100 100	*:	10 45.5	行機関する	
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need in the second	errege in the second		1 -2 1 <u> </u>	84	City		FL	85 Zip C		
11. Pursuant office or re agent. I a	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and occupative obligatio	Florida, Such on sof, Section	Florida Statutes change was autl 507.0505, Florid	, the above horized by la Statutes	e-named corporati	poration submits this statement ion's board of directors. I here	by accept the appoi	ntment as req	gistered	
SIGNATURE.		<i>[]</i>	KOF (<u>ت</u>		-d. daninstation	DATE			
<u> </u>	Signalate, typed or printed name of Lagistered agent a		(NOTE: R		ı sıgnature require	ed when reinstating) ADDITIONS/CHANGES	TO OFFICERS AN	ID DIRECTO	RS IN 12	
12.	OFFICERS AND		O DELETE	13.		ADDITIONS/CHANGES	TO OFFICERS A	Change	Addition	
TITLE '	D ·		☐ DELETÉ	1.1 TITLE	1	A CONTRACTOR AND A CONTRACTOR		¢nange		
NAME	ROFE, AVI			1.2 NAME					ŀ	
STREET ADDRESS	6163 ADAR PINE DR			1.3 STREET	ADDRESS				ì	
CITY-ST-ZIP	ORLANDO FL 32819			1,4 CITY-S	T- ZIP					
TITLE	D		☐ DELETE	2.1 TITLE			•	☐ Change	☐ Addition	
NAME	ROFE, DAVID	•		2.2 NAME	.				ļ	
STREET ADDRESS	9120 GALLEON DR			2.3 STREET	T ADDRESS					
-	ORLANDO FL 32819			2. 4 CITY-S	ST-ZIP					
CITY-ST-ZIP	CHERRIO TE GEOTO		☐ DELETE	3.1 TITLE				☐ Change	Addition	
	医特殊			3.2 NAME					, -	
NAME '	"我是你""给你 ,我也没有意识。			3.3.STREE	TADDRESS	****		4 - 4 - 4	1 3 H 3 W	
STREET ADDRESS	- Parks # 1			3.4. CITY-S				<i>!::</i> .		
CITY-ST-ZIP			□ DELETE	4.1 TITLE	1-21-			☐ Change	• Addition	
TITLE				4. 2 NAME						
NAME			:"				•			
STREET ADDRESS	:	.*			TADDRESS	4.00		100		
CITY-ST-ZIP			Decree	4.4 CITY-S	T-ZIP			☐ Change	Addition	
TITLE .			☐ DELETE	5.1 TITLE 5.2 NAME						
NAME	-					the state of the s	•		1	
STREET ADDRESS			•		TADDRESS	,			· ·	
CFTY-ST-ZIP				5.4 CITY-S	T-ZIP			Chases	☐ Addition	
TITLE			☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME				6.2 NAME					. }	
STREET ADORESS	· 精神 等 · 安全			6.3 STREE	T ADDRESS	•				
-	The state of the state of the state of			6.4 CITY-S						
14. I hereby	partify that the information supplied with	this filing does	not qualify for t	the exempl	ion stated in	Section 119.07(3)(i), Florida S	Statutes. I further ce	rtify that the i	information	
	it or ourselemental a	annual conoct is	true and accur-	ate and the	it mv einnatii	re snaji nave the same legal e	nect as it made und	ici Valli, mat	i aili ali	

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.

SIGNATURE: