

3-14-97 B-3068 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000047413 (5)

1. Corporation Name

ROE'S INTERSTELLAR TAXI INC.

FILED
Mar 14 1997 8:00am
Secretary of State



Principal Place of Business 4153 - 11TH AVE. NORTH ST. PETERSBURG FL 33713	Mailing Address 4153 - 11TH AVE. NORTH ST. PETERSBURG FL 33713-5937
2. Principal Place of Business 21 Suite, Apt. #, etc.	28. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Zip	27 City & State 28 Zip
24 Country	25 Country
9. Name and Address of Current Registered Agent MANDEL, ROSANNE 4153 - 11TH AVE. NORTH ST. PETERSBURG FL 33713	

3. Date Incorporated or Qualified 05/30/1996	3a. Date of Last Report
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANDEL, ROSANNE 4153 - 11TH AVE. NORTH ST. PETERSBURG FL 33713	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1. TITLE 2.2. NAME 2.3. STREET ADDRESS 2.4. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1. TITLE 3.2. NAME 3.3. STREET ADDRESS 3.4. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1. TITLE 4.2. NAME 4.3. STREET ADDRESS 4.4. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1. TITLE 5.2. NAME 5.3. STREET ADDRESS 5.4. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1. TITLE 6.2. NAME 6.3. STREET ADDRESS 6.4. 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)(f), 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:

1-8-96 813 323 2045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)