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04-27-1999 90213 001 *****8.75
04-27-1999 90213 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000047413**

1. Corporation Name
ROE'S INTERSTELLAR TAXI INC.

Principal Place of Business	Mailing Address
4153 - 11TH AVE. NORTH DELETE ST. PETERSBURG FL 33713	4153 - 11TH AVE. NORTH DELETE ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2516 - 56 Ave NO	2a. Mailing Address 26 2516 - 56 Ave NO
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, FLA	City & State 28 St. Petersburg, FLA
Zip 24 33714 Country 25	Zip 29 33714 Country 30

3. Date Incorporated or Qualified: 05/30/1996
4. FEI Number: 59-3464016 ☐ Applied For ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MANDEL, ROSANNE
4153 - 11TH AVE. NORTH DELETE
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: David B. Stanford
82 Street Address (P.O. Box Number Is Not Acceptable): 2516 - 56 Ave NO
83
84 City: St. Petersburg FL 85 Zip Code: 33714

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: David Stanford David Stanford President Jan 5, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANDEL, ROSANNE 4153 - 11TH AVE. NORTH DELETE ST. PETERSBURG FL 33713 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT David B. Stanford 2516 - 56 Ave NO St. Petersburg, FL. 33714 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: ROSANNE MANDEL Jan 5, 1999 (727) 323-2045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)