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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600097035

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90048 007 ***150.00

Sultio, Apt. 8, etc. 20 Sultio, Apt. 8, etc. 21 Sultio, Apt. 8, etc. 22 Sultio, Apt. 8, etc. 27 City & State State Country State Countr	1. Corporatio	ROVES, INC.						E INDENENIA IN INDIN NIKA NIKA NIKA N			
SAL MELPOSE AVE. ANDR R. 138629 TAMPA R. 338629 APPRICIPATE IN ITHIS SPACE 3. Date Incorporated or Qualified 12/02/1996 2. Principal Risco of Business 2. A. Mailing Address 2. Suite, Apt. 8 etc. 3. Suite, Apt. 8 etc. 3. Suite, Apt. 8 etc. 4. FEB Limiter 55-07/19352 Suite, Apt. 8 etc. 52 Country 5. Suite 55-07/19352 City & State 77 Country 78 Country 79 Country 79 Country 79 Country 79 Country 79 Report Address of Current Registered Agent 70 Name and Address of Current Registered Agent 70 Name and Address of New Registered Agent 71 Name 72 Strong Address of Current Registered Agent 73 Name and Address of New Registered Agent 74 Name 75 Strong Address of New Registered Agent 75 Strong Address of Registered Agent 75 Name and Address of New Registered Agen	Principal Plac	a of Rusiness	Mailing Addre			-		 			
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 4. FEI Number 2. Applied For 12/02/1996 3. FEI Number 3. Applied For 12/02/1996 4. FEI Number 4. FEI Number 565-07/18352 2. Cuttle, Apt. #, etc.	4514 MELROSE	E AVE.	4514 MELROSE	AVE.				DO NOT WE	ITE IN THIS !	\$D∆CE	
2. Mailing Address 2. Mailing Address 2. Mailing Address 4. FEI Humber Applied For Not Applicable 50-07.19352 No										BFACE	
Sulle, Apt. #, etc. Sulle, Apt. #, etc. 2								•			
Suite, Apt. #, etc. Solida	Principal Place of Business 2a. Mailing Address									A	plied For
Suite, Apr. if, otc. Suite City Suite City	21							<u>65-0719352</u>			
City & State City & State City & State City & State Country 2 2 Country 2 Count	Suite, Apt. #, etc.						5. (Certifcate of Status Desired			
Zip Country Zip Country Zip Country Zip Country Zip Country Zip Zijp	City & State City & State							· -			
9. Name and Address of Current Registered Agent GRANDOFF, JOHN B ESQ III 4514 MELROSE AVE. TAMPA FL 33629 82 Sireet Address (P.O. Box Number is Not Acceptable) 83		Country			Country				rent year Inta	ngible	
9. Name and Address of Current Registered Agent GRANDOFF, JOHN B ESQ III 4514 MELROSE AVE. TAMPA FL 33629 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 agent, or both, in the State of Florida, Such change was authoritized by the corporation's board of directors. I hereby accept the appointment as registered agent across the obligation of, Section Change was authoritized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fundament with, and accept the obligations of, Section Change was authoritized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fundament with, and accept the obligation of, Section Change was authoritized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fundament with an advanced to the corporation's board of directors. I hereby accept the appointment as registered agent. I am fundament with a manufactory of the appointment as registered agent. I am fundament with a manufactory of the appointment as registered agent. I am fundament with a manufactory of the appointment as registered agent. I am fundament with a manufactory of the appointment as registered accept the appointment as registered as a fundament of the corporation's board of directors. I hereby accept the appointment as registered and accept the appointment as registered accept the app	24	25	29	30	5						[☑No
GRANDOFF, JOHN B ESO III 4514 MELROSE AVE. TAMPA FL 33629 B4 City FL 85 Zip Code 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 agent, at maintain with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE 15. TITLE 15. TITLE 15. TITLE 15. TAMPA FL 15. STREET ADDRESS 15. ST	,	9. Name and Address of Curre	nt Registered Agen	ıt			10.	Name and Address of New	Registered A	gent	
4514 MELROSE AVE. TAMPA FL 33629 82 Street Address (P.O. Box Number is Not Acceptable) 83	004				81	Name		•			
TAMPA FL 33629 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 697.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WAVE STREET ADDRESS TAMPA FL OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 17. 12. NAME GRANDOFF III, JOHN B 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WAVE 13. TIME OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO						Street A	Street Address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submitts this statement for the purpose of changing its 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 of the purpose of changing its 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 age					83	<u> </u>	_				
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 not 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 The company of 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. The company of 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. The company of 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. The company of the corporation's board of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. The company of the corporation's board of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered adents and submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, and submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, and submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, and submitted agent, and submitted by the corporation's board of directors. I hereby accept the corporation's board of directors. I hereby accept the corporation's board of directors. I here					84 City			<u> </u>		85 Zip	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nefety accept the apparation and accept the obligations of, Section 607.0505, Florida Statutory. Signature, hybrid or proteid name of registered agent and tale if epiclacies. (NOTE: Registered Agent apparative required when rematching) DATE 12. OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. THE PSTD DELETE 1.1 TITLE Change Additional apparation and tale if epiclacies. GRANDOFF III, JOHN B 1.2 NAME 1.2 NAME 1.3 TITLE Change Additional apparations and tale in the protein and tale i											
GRANDOFF III, JOHN B 4514 MELROSE AVE TAMPA FL IIITE GRANDOFF III, JOHN B 4514 MELROSE AVE TAMPA FL IIITE DELETE 21 TITLE 22 NAME 22 STREET ADDRESS STR	12.	Signature, typed or printed name of registered ag OFFICERS A	ND DIRECTORS		13.	nt signature re				···	ORS IN 12
13 STREET ADDRESS	TITLE	1 '		DELETE						Gridings	
TAMPA FL						T ADDDDGG					
DELETE DELETE 21 TITLE Change Addition		1				- 1					
NAME		IAMPA PL		DELETE		1-219	_			☐ Change	Addition
23 STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP			_								
2 CITY-ST-ZIP		·				TADDRESS					
DELETE DELETE 3.1 TITLE Change Addition Add					2. 4 CITY-5	ST-ZIP			_		
33 STREET ADDRESS 34. CITY-ST-ZIP	TITLE			DELETE	3.1 TITLE					☐ Change	☐ Addition
34. CITY-ST-ZIP 34. CITY-ST-ZIP	NAME				3.2 NAME						
DELETE	STREET ADDRESS				3.3 STREE	T ADDRESS					
NAME	CITY-ST-ZIP					ST-ZIP				□ O+	[***] A HH231
### ### ##############################	TITLE		L	DELETE		Ì				□ ∪nange	☐ Addition
A4.CITY-ST-ZIP	NAME										
DELETE	STREET ADDRESS					- 1					
STREET ADDRESS	CITY-ST-ZIP			DELETE		T-ZIP	-			Change	☐ Addition
5.3 STREET ADDRESS			Ы	JULE 1 L	1	1					
54 CITY-ST-ZIP		,			1	TADDRESS					
DELETE 6.1 TITLE Change Addition 10											
62 NAME 63 STREET ADDRESS 6.3 STREET ADDRESS 6.4 STR. ST. ST.				DELETE			_			Change	☐ Addition
STREET ADDRESS 6.3 STREET ADDRESS		1	_			,					
CLOTY ET 7ID		i			6.2 NAME	1					
	STREET ANDRESS	j				T ADDRESS					

14. I 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, with all other like empowered.

SIGNATURE:

CJohn B. Grandoff III