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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000101983

1. Corporation Name

Principal Place of Business

**ROE FINANCIAL CORPORATION** 

115 MARGARET STREET		115 MARGARET STREET SUITE D									
SUITE D BRANDON FL 33511		BRANDON FL 33511				DO NOT WRITE IN THIS SPACE					
US		US			3.	3. Date Incorporated or Qualifed 01/01/1997					
a Principal Pli	ace of Business	2a. Mailing Address	-		4.	FEI Number	* ALV	HU	-1 1-7	Applied For	
2. Principal Place of Business		26			"	59-34243		MECT		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<u> </u>				Additional	
22		27			5.	Certificate of S	tatus Desired	· 🗆 ,		Required	
City & State		City & State			6.	Election Camp	aign Financing	, n	\$5.0	O May Be	
23		28				Trust Fund Co		_ · U	Adde	d to Fees	
Zip	Country	Zip Country		8.	This corporation	on owes the cu	rrent year Inta	angible	]		
24	25	29 30	)			Personal Prop	erty Tax.		☐ Yes	□No	
	9. Name and Address of Current	Registered Agent			10.	Name and Ad	idress of New	Registered /	Agent		
81 Name							-				
ROE, LINDA R 115 MARGARET STREET SUITE D			82	Street	Address (F	O. Box Numb	er is Not Accep	table)	,		
	NDON FL 33511	83			·						
				0.4	• 45			<u></u>	les 7	p Code	
			84	'	_			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. 1 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 signature required when reinstating)  DATE											
12.	OFFICERS AND		13.			ADDITIONS/CI	ANGES TO O	FFICERS AN	ID DIREC		
TITLE	DP	☐ DELETE	1.1 TITLE		V/S			,	Chang	e Addition	
NAME	ROE, LINDA R		1.2 NAME			mas A.	ROE	•		~	
STREET ADDRESS	115 MARGARET STREET SUITE	: D	1.3 STRE	T ADDRESS		MARGARE		T SUIT	Eδ		
·	BRANDON FL 33511		1.4 CITY-		BRAN	100M, FC	33571				
CITY-ST-ZIP TITLE	Direction ( C doo! )	☐ DELETE	2.1 TITLE						☐ Chang	e Addition	
NAME			2.2 NAME				•	· ·			
			1	ET ADDRESS	i			·			
STREET ADDRESS			2. 4 CITY								
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	31-ZIF		-	<del>-</del> -		☐ Chang	e Addition	
TITLE			3 2 NAME								
NAME				T ADDRESS							
STREET ADDRESS					Ì						
CITY-ST-ZIP		☐ DELETÉ	3.4. CITY- 4.1 TITLE	31-ZP	1				Chang	e Addition	
TITLE	•		4.1111CE	:			•	•		_	
NAME			1	: Et address						İ	
STREET ADDRESS			1							ļ	
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE	SI-ZIP	<del>                                     </del>		-		Chang	je Addition	
TITLE			5.2 NAME							· ]	
NAME				ET ADDRESS							
STREET ADDRESS			5.4 CITY-							ļ	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	31-4IF					☐ Chanc	e Addition	
TITLE			6.2 NAME							,	
NAME			1							ľ	
STREET ADDRESS			1	ET ADDRESS			•				
CITY-ST-ZIP		41-1-180-1-1-1-1-1-02-1-1-1	6.4 CITY-		d in Contin	n 110 07/3\/0\	Slorida Statutor	l further cor	tify that th	e information	
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 supplimental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in											
officer or director of the corporation of 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 or an attachment with an address, with all other like empowered.											

SIGNATURE:

**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90024 020 \*\*\*150.00