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

**PROFIT** CORPORATION ANNUAL REPORT

1998



SAIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027235 (5)

ROSSER AND ASSOCIATES, INC.

Principal Place of Business Mailing Address

**FILED** Mar 19 1998 8:00am Secretary of State

305-468-0558

9506 SO RED ROAD MIAMI FL 33156		9506 SO RED ROAD MIAMI FL 33156		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		4 CCI Mark as	Applied For
21		26		165-074458	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of States Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the ci	urrent year Intensible
24	25 9. Name and Address of Current	29 Registered Agent	[30]	Personal Property Tax due June 30.  10. Name and Address of New Registered	
ΛΕ		riogistoree Agent	81 Name	To: Hallo allo Hodioso of Notificial	
OFFICIAL DOUGLS W					<del></del>
	AMI FL 33156		82 Street A	Address (P.O. Box Number is Not Acceptable)	
MAMI FL 93130					
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	es, 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, typod or printed name of registered ager	A post late if a cole able (NOTE	Registered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND	- 11 mm	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	OESTERLE, DOUGLAS W		1.2 NAME		
STREET ADDRESS	9506 SO RED ROAD		1.3 STREET ADORESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY+ST+ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	·	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	. <del>-</del>		3.4. CITY - \$T - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TATLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby	certify that the information supplied wi	th this filing does not qualify for	or the exemption state	od in Section 119.07(3)(i), Florida Statutes. I further opature shall have the same legal effect as if made to	certify that the information under oath; that
14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3) of Florida Statutes. From the trie information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the came legal effect as if made under oath; that will not officer or director of the comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oppears in Block 12 or Block 13 if of the graph of the comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oppears in					
Block 12 or Block 13 if cyty god, or on an attachment with an address.					