Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90106 025 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000052080

1. Corporation Name

ROSCHI	ENGINEERING SERVICES, II	VC.					
Principal Place	of Business	Mailing Address			1 (101(00) (1) 151() 1001(001(001(001(001(001(001(
6 RABBITS RUN 6 RABBITS RUN PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 06/12/1997		
2. Principal Pl	ace of Business	2a, Mailing Address		•	4. FEI Number	App	lied For
21		26			65-0766592		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Req	
City & State City & State 23 28				,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip	Country 25	Zip 30	Country		This corporation owes the current year Intang Personal Property Tax.		□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
				Name			ļ
BUSCH, WARREN A			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
6 RABBITS RUN							
PALM BEACH GARDENS FL 33418			83				
}		•	84	City	FL	35 Zip C	
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 Signature typed or ordered name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
The state of the s				it signature req	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	RS IN 12
12.			13.] Change	Addition
NAME	_		1.2 NAME				ļ
STREET ADDRESS			t	TADDRE\$S			ĺ
CITY-ST-ZIP				T-ZIP			
TITLE	DELETE 2.1			1-2,	<u> </u>	Change	Addition
NAME	221						
STREET ADDRESS			2.3 STREE	TADORESS	•		†
CITY-ST-ZIP.	1		2. 4 CITY-S		·		
TITLE			3.1 TITLE] Change	☐ Addition
NAME	32 N		3.2 NAME		•		
STREET ADDRESS			3.3 STREET	FADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE			4.1 TITLE] Change	☐ Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			4.3 STREE				
CITY-ST-ZIP	4.4		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	1		5.2 NAME	1	•		ł
STREET ADDRESS			5.3 STREE	TADORESS	•		
CITY-ST-ZIP		·	5.4 CITY-S	T-ZIP			

CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

3-25-99

Addition