**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90051 022 \*\*\*150.00

## 

DO NOT WRITE IN THIS SPACE

DOCUMENT #	P97000063908
4. Corporation Name	1 0100000000

ROTHONA CORPORATION

Principal Place of Business
7499 SAN SEBASTIAN DRIVE
POCA DATON EL 22422

Mailing Address

7499 SAN SEBASTIAN DRIVE BOCA RATON FL 33433

					3. Date Ir corporated or Qualifed 07/09/1997				
2. Principa Place of Business	2a. Mailing Address				4. FEI Number		Applied For		
21 7300 W. CAMNO REAL	26				65-0781554		Not Applicable		
Suite, Apt. #, etc. 22 Suite 2/4	Suite, Apt. #, etc.				\$8.7		Additional Required		
City & State 23 Boca Raton, Fr	City & State				1 = 1		0 May Be d to Fees		
Zip Country 24 33:433 25 U.S.A	Zip <b>29</b>	Country 30			This exporation owes the current year Interest Personal Property Tax.	tangible	13No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
ROTH, JEFFREY			81	Name					
7499 SAN SEBASTIAN DRIVE			82 Street Acdress (P.O. Box Number is Not Acceptable)						
BOCA RATON FL 33433			83	83					

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 borh, in the State of Florida. Such change was authorized by the corporation's board of circutors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE	Signature, typed or printed na r	ne of registered agent	and title if applicable (NOTi: Re	gistered Agent signature re	quired when reinstating)		DATE	Ì
12.		OFFICERS AND		13.	ADDITIO	INS/CHANGES TO OF	FICERS AND DIRECTOR	S IN 12
TITLE	PSD		☐ DELETE	1.1 TITLE		·	☐ Change	☐ Addition
NAME	ROTH, JEFFREY			1.2 NAME				
STREET ADDRESS	7499 SAN SEBAS	ian drive		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>BOCA RATON FL</b>	33433		1.4 CITY-ST-ZIP			<u>.                                    </u>	
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 ADDRE 3S				3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TITLE			☐ DELETE	4.1 TITLE			Change	Addition
NAME				4 2 NAME				
STREET ADDRE 3S				4 3 STREET ADDRESS				
CITY-ST-ZIP				4.4 CiTY-ST-ZIP		· <del></del>		
TITLE			☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRE 3S				5.3 STREET ADDRESS				
CITY-ST-ZIP				5.4 CITY- ST-ZIP				
TITLE			☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME				
STREET ADDRE 3S				6.3 STREET ADDRESS				
CITY-ST-ZIP				6.4 CITY-ST-ZIP		Total Otalia		,,

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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of an an attachment with an address, with all other like empowered.
 SIGNATURE:

SIGNATURE:
SIGNATURE OF THE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Date
Date
Daytome Phone #

561-391-4746 Daytime Phone #

85 Zip Code