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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

Suite, Apt. #, etc.

City & State

22

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24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000099874 (4)

Country

9. Name and Address of Current Registered Agent

25

WOMELDORPH, HOWARD R 7416 OAK RUN LANE

SARASOTA FL 34243

ROHA ENTERPRISES, INC.

Principal Place of Business Mailing Address 6489 PARKLAND DRIVE 6489 PARKLAND DRIVE SARASOTA FL 34243 SARASOTA FL 34243

2a. Mailing Address

City & State

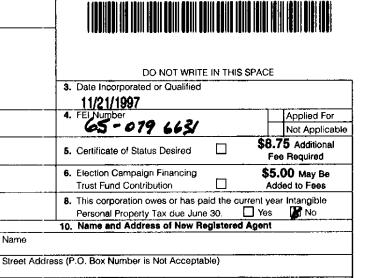
Zip

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Suite, Apt. #, etc.

FILED May 07 1998 8:00am Secretary of State



Marlos

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 hoth in the State of Florida, Such change was authorized by the corporation's heard of directors. I hereby accept the appointment as registered

Country

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83 84 Name

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SIGNATURE .	Signature typed or printed name of registered agent and	title if applicable (NOT	i : Registered Agent signature requi	ired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	☐ Change	Additio	
NAME	HOUSE, RONALD B		1.2 NAME			
TREET ADDRESS	6489 PARKLAND DRIVE		1.3 STREET ADDRESS			
HTY-ST-ZIP	SARASOTA FL 34243		1.4 CiTY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	Additio	
AME	HADDEN, ROBERT E		2.2 NAME			
STREET ADDRESS	6489 PARKLAND DRIVE		2.3 STREET ADDRESS			
ATY-ST-ZIP	SARASOTA FL 34243		2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
ITLE		☐ DELETE	3 1 TITLE	☐ Change	Additio	
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TITLE		DELETÉ	6.1 TITLE	☐ Change	Additio	
WME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
PITY_ST_7IP			6.4 CITY-S1-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 it chapted, or on an attachment with an address.

Zip Code