

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 # P97000104767

1. Corporation Name
ROANOKE TECHNOLOGY CORP.

Principal Place of Business
777 S FLAGLER DRIVE
8TH FLOOR
W PALM BEACH FL 33401
US

Mailing Address
777 S FLAGLER DRIVE
8TH FLOOR
W PALM BEACH FL 33401
US

2. Principal Place of Business

21 1039 East 10th Street

Suite, Apt. #, etc.

22

City & State
23 Roanoke Rapids, NC

Zip

24 27870

Country

25 USA

2a. Mailing Address

26 1039 East 10th Street

Suite, Apt. #, etc.

27

City & State
28 Roanoke Rapids, NC

Zip

29 27870

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1997

4. FEI Number

22-3558993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LEE, JAMES
STREET ADDRESS 660 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE PSTD ☐ DELETE

NAME LEE, JAMES F
STREET ADDRESS 777 S FLAGLER DRIVE
CITY-ST-ZIP W PALM BEACH FL 33401

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☐ Change ☒ Addition

1.2 NAME David L. Smith
1.3 STREET ADDRESS 1039 E. 10th Street
1.4 CITY-ST-ZIP Roanoke Rapids, NC 27870

2.1 TITLE Secretary/Director ☒ Change ☐ Addition

2.2 NAME James Lee
2.3 STREET ADDRESS 30 Park Avenue, Suite 6H
2.4 CITY-ST-ZIP New York, NY 10016

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90001 002 ***150.00



CR2E034 (11/98)