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 # **P98000025672**1. Corporation Name

ROSKOFF COMPUTER SYSTEMS, CORP.

Principal Place of Business Mailing Address							
2574 PROVIDENCE BLVD. DELTONA FL 32725 2574 PROVIDENCE BLVD. DELTONA FL 32725							
					DO NOT WRITE IN THIS SPACE		
1						3. Date Incorporated or Qualifed	
						03/18/1998	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
21		26				59 - 3369550 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional		
22 - 27 - 2- 2- 27			- ·	٦.	Fee Required,		
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23 28 28 Zip Country Zip			Country	-	Trust Fund Contribution Added to Fees		
Zip	Country		·	¬ '		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
24	9. Name and Address of Currer	29	30	<u> </u>		10. Name and Address of New Registered Agent	
	9. Name and Address of Currer	it Kegister	ea Agent	81	Name		
ROS	SKOFF, MARIA C						
2574 PROVIDENCE BLVD. DELTONA FL 32725				82	82 Street Address (P.O. Box Number is Not Acceptable)		
				83	83		
				84	City	FL 85 Zip Code	
SIGNATURE	Signature typed or printed name of registered age		, , , , , , , , , , , , , , , , , , , ,	egistered Agen	t signature r	re required when reinstating) DATE	
12.	OFFICERS AN	D DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			☐ DELETE	1.1 TITLE			
NAME				1.2 NAME		Gloria Z. Roskoff 3574 Providence BNG	
STREET ADDRESS	:			1.3 STREET	ADDRESS		
CITY-ST-ZIP				1.4 CiTY-S	r-ZiP	Vict President Change Addition	
TITLE			☐ DELETE	2.1 TITLE			
NAMÉ				2.2 NAME		Maria C. RoskoFF	
STREET ADDRESS	·			2.3 STREET) =	
CITY-ST-ZIP			□ DELETE	.2.4 CITY-S 3.1 TITLE	T-ZIP	Vice - President Change Addition	
TITLE			C PECETE	3.2 NAME		Emilio Gonzalez	
NAME				3.3 STREET	AUUDEGG		
STREET ADDRESS				3.4, CITY- 9		DEI to NA, 71 32725	
CITY-ST-ZIP		***	☐ DELETE	4.1 TITLE	1-215	☐ Change ☐ Addition	
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADORESS	ss	
CITY-ST-ZIP				4.4 CITY-S			
TITLE	 		☐ DELETE	5.1 TITLE	. —	Change Addition	
NAME				5.2 NAME			
STREET ADDRESS	:			5.3 STREET	ADDRESS	ss	
CITY OT 77D				5.4 CITY-S	r-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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90047 006 ***150.00