

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

07-22-1999 90006 019 ***558.75

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000034936

1. Corporation Name
ROO ENTERPRISES, INC.

Principal Place of Business Mailing Address
771 S. KIRKMAN STE. 112 771 S. KIRKMAN STE. 112
ORLANDO FL 32811 ORLANDO FL 32811



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/15/1998
4. FEI Number 59-3506475 Applied For Not Applicable
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
6. Election Campaign Financing [] \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. [] Yes [X] No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
HRU, EDWARD
6450 ROYAL TERN ST.
ORLANDO FL 32810

10. Name and Address of New Registered Agent
81 Name ED HRU
82 Street Address (P.O. Box Number is Not Acceptable) 915 W. VASSAR ST
83
84 City ORLANDO FL 85 Zip Code 32804

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, as shown 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 EDWARD HRU DATE 7/6/99

12. OFFICERS AND DIRECTORS table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and a DELETE checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP and checkboxes for Change and Addition.

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.

SIGNATURE: [Signature] REQUIRED 7/6/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)