

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

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90099 036 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000086114

1. Corporation Name
ROOSHEE, INC.

Principal Place of Business
203 EAST CENTRAL AVENUE
WINTER HAVEN FL 33880

Mailing Address
203 EAST CENTRAL AVENUE
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1998

4. FEI Number
59-3536772

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 5401 W. Oak Ridge Road

2a. Mailing Address

Suite, Apt. #, etc.
22 K-14

Suite, Apt. #, etc.

City & State
23 Orlando, FL

City & State

Zip Country
24 32819 25 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

ANGUS, ROBERT W
1362 HAVENDALE BLVD
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name
Hiren M. Patel
82 Street Address (P.O. Box Number is Not Acceptable)
83 828 Chamberlain Loop
84 City
Lake Wales FL 85 Zip Code
33853

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 Hiren M. Patel, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-26-99
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
PATEL, HIREN M
STREET ADDRESS
203 EAST CENTRAL AVENUE
CITY-ST-ZIP
WINTER HAVEN FL 33880

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

1.1 TITLE
President
1.2 NAME
Patel, Hiren M.
1.3 STREET ADDRESS
828 Chamberlain Loop
1.4 CITY-ST-ZIP
Lake Wales, FL 33853

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Hiren M. Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-99 2407-248-7788
Date Daytime Phone #

CR2E034 (11/98)