## 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 # **P98000086114**1. Corporation Name

ROOSHEE, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90099 036 \*\*\*150.00



Principal Place	e of Business	Mailing Address		
203 EAST CENT	TRAL AVENUE	203 EAST CENTRAL AVENUE		
WINTER HAVEN		WINTER HAVEN FL 33880		`
				DO NOT WRITE IN THIS SPACE
	•			3. Date Incorporated or Qualifed
-				10/05/1998
2. Principal P	lace of Business	2a. Mailing Address	•	4. FEI Number Applied For
	W. Oak Ridge Road	26	•	59-3536772 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		\$8.75 Additional
<u> </u>	#, 6to.	<b>⊢</b>	-	5. Certificate of Status Desired Fee Required
22 K-14		27 City & State	···	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
	do, FL	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible
24 32819	25 USA	29 3	10	Personal Property Tax. X Yes ☐No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
			81  Nai	Hiren M. Patel
ANG	ius, robert w			
1362	2 HAVENDALE BLVD		82 Stre	treet Address (P.O. Box Number is Not Acceptable)
	TER HAVEN FL 33881		83	
*****		-	100	828 Chamberlain Loop
			84 City	ity 85 Zip Code
	* *		''	Lake Wales FL   33853
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-nam	med corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was aut	horized by the c	corporation's board of directors. I hereby accept the appointment as registered
-		uons or, section dor.osos, rion	aa Statutes:	11 The H
				2011212221 NU DC.DG
SIGNATURE	Hiren M. Patel, Pre	sident	Projectered Agent Bignet	- MMCPCI VI-26-99
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	tegistered Agent signat	ature required when reinstating). DATE
12.	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: R D DIRECTORS	13.	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: R	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  President   XChange   Addition
12.	Signature, typed or printed name of registered agen OFFICERS AN D PATEL, HIREN M	t and title if applicable. (NOTE: R D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  President [XChange
12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN D PATEL, HIREN M 203 EAST CENTRAL AVENUE	t and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE	President [XChange Addition Patel, Hiren M. 828 Chamberlian Loop
12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN D PATEL, HIREN M	t and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME	President XChange Addition Patel, Hiren M. 828 Chamberlian Loop Lake Wales, FL 33853
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN D PATEL, HIREN M 203 EAST CENTRAL AVENUE	t and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI	President XChange Addition Patel, Hiren M. 828 Chamberlian Loop  Loke Wales. The 20052
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN D PATEL, HIREN M 203 EAST CENTRAL AVENUE	it and title if applicable. (NOTE: R D DIRECTORS D DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI 1.4 CITY-ST-ZIP	President XChange Addition Patel, Hiren M. 828 Chamberlian Loop Lake Wales, FL 33853
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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: Hiren MIPate ATURE REQUIR

407-248-7788