1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000087267

ROGER ZURBUCHEN ENTERPRISES INC.

Principal Place	e of Business	Mailing Address					18) 1810 1881\$ Maia	#	
5648 SW 142ND AVE.		5648 SW 142ND AVE.	5648 SW 142ND AVE.						
FT. LAUDERDALE FL 33330		FT. LAUDERDALE FL 33330							
						DO NOT WRITE IN TH	IIS SPACE		,
						3. Date Incorporated or Qualifed	•		ĺ
						10/12/1998		•	1
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	ļ
21 .		26				65-0871704	No	t Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75		
22		27				5. Certificate of otolog Debitor	Fee Re	quired]
City & State		City & State	<u> </u>			6. Election Campaign Financing	\$5:00	May Be	-
23		28				Trust Fund Contribution	Added t	o Fees	
Zip Country		Zip Cour				This corporation owes the current year			
24	25	29 30				Personal Property Tax.			
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Register	ed Agent		1
			81	Name					
	BUCHEN, ROGER					Street Address (P.O. Box Number is Not Acceptable)			1
	SW 142ND AVE.				011001710010				
FT. L	AUDERDALE FL 33330					 			
			}	84	City		85 Zip (Code .	1
					City	F	"L "		
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	iuthorized irida Statu	by i ites.	the corporation	ration submits this statement for the purpose is board of directors. I hereby accept the ap	pontinient as re	gistered	
	Signature, typed or printed name of registered ager		13.	Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	1 8
12.			13. 1.1 TIT	16		ADDITIONS/CHANGED TO OFFICERO	[] Change	Addition	13
TITLE	_						_ ,	_	;
NAME	ZURBUCHEN, ROGER			1.2 NAME 1.3 STREET ADDRESS					8
STREET ADDRESS	5648 SW 142ND AVE.				i				}
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	DELETE	1.4 CI		T-ZIP		[1] Change	☐ Addition	1 6
TITLE			2.1 TITLE		Į.				
NAME			2.2 NAME						
STREET ADDRESS					FADDRESS				ĺ
CITY-ST-ZIP		- DELETE	2. 4 CITY		T-ZIP		Change	Addition	1
TITLE		☐ DELETE	3.1 111		1				Ì
NAME			3.2 NA						
STREET ADDRESS			3.3 STREE		TADDRESS				
CITY-ST-ZIP	****		3.4. CITY		T-ZIP		Channa	☐ Addition	\cdot
TITLE		☐ DELETE	4,1 TITLE				☐ Change	☐ Addition	
NAME	4.		4. 2 N/	1. 2 NAME					
STREET ADDRESS			4.3 ST	REET	FADDRESS				
CITY-ST-ZIP			4.4 CII	4.4 CITY-ST-ZIP				[1
TITLE				1 TITLE			☐ Change	Addition	
NAME .			5.2 NA		.				1
STREET ADDRESS	ESS 5.3 S			3 STREET ADDRESS					

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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ DELETE

☐ Change

☐ Addition

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90007 006 ***150.00