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 # P98000095520

1. Corporation Name

ROGER A. PEPIN, INC.

Principal	Place	of	Business

Mailing Address

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90003 034 ***150.00



5159B BRISATA CIRCLE BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437				DO NOT WRIT	E IN THIS SPAC	=	
				3. Date Incorporated or Qualifed 11/12/1998	E IN THIS SPACE		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 65-087657	7	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		W-10-10-11-11-11-11-11-11-11-11-11-11-11-	5. Certifcate of Status Desired	□ \$8.	75 Additional ee Required	
City & State	City & State			Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be—	
Zip Country	Zip Co	untry		This corporation owes the current Personal Property Tax.	ent year Intangible ☐ Ye		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEPIN, ROGER		81	Name				
5159-B BRISATA CIRCLE BOYNTON BEACH FL 33437		82					
		83					
		84	City		FL 85	Zip Code	
44 D 44- the annulation of Continue CO7.0	EO2 and CO7 1509 Elorida Statutor, that	abovo n	amod como	ration submits this statement for the r	ournose of channi	no its registered	

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Populational Agent signature	partition when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	13.	potence i gent organical industrial					
TITLE	PSTD DELETE	1.1 TITLE		Change	Addition			
NAME	PEPIN, ROGER	1.2 NAME						
STREET ADDRESS	5159-B BRISATA CIRCLE	1.3 STREET ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP						
TITLE	☐ DELETE	2.1 TITLE	V.P	Change	Addition			
NAME :		2.2 NAME	GALLW- PEPIN 5159 B BRISATA CIR BOYNTON BEACH FL 334					
STREET ADDRESS		2.3 STREET ADDRESS	5159 B BRISATA CIR					
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	BOYNTON BEACH FL 334	37	÷ /			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition			
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	DELETE	4.1 TITLE .		☐ Change	☐ Addition			
NAME		4.2 NAME			ļ			
STREET ADDRESS	Brown State	4.3 STREET ADDRESS	,					
CfTY-ST-ZIP		4.4 CITY- ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE		Change	Addition			
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE .	DELETE	6.1 TITLE		☐ Change	☐ Addition			
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 CITY-ST-ZIP						

Thereby 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.

27 April 99 561-704-4945

Date Dayline Phone #