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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # S06052 1. Corporation Name

ROX, CO.

FILED Feb 11, 1999 8:00am **Secretary of State**

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ROX, CO.				
Principal Place of Business 420 VILLAGE VIEW LANE LONGWOOD FL 32779 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Country		Mailing Address 420 VILLAGE VIEW LANE LONGWOOD FL 32779		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		10/10/1990 4. FEI Number 59-3034334 5. Certificate of Status Desired 10/10/1990 Applied For Not Applicable \$8.75 Additional Fee Required Fee Required
				6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. S\$5.00 May Be Added to Fees Added to Fees
Zip 24		29 30 30		10. Name and Address of New Registered Agent
	9. Name and Address of Curren	r nogos	81 Name	Address (P.O. Box Number is Not Acceptable)
COHEN, ROZANNE DEBRA 420 VILLAGE VIEW LANE LONGWOOD FL 32779			82 Street /	· · · · · · · · · · · · · · · · · · ·
			84 City	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. ran	a selected same of registered ag	ent and title if applicable. (NOTE: Regis	stered Agent signature	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
12. TITLE NAME	P COHEN, ROZANNE DEBRA 420 VILLAGE VIEW LANE	☐ DELFIF	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	s ·
STREET ADDRESS CITY-ST-ZIP	LONGWOOD FL 32779	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Add/ition
TITLE NAME			2.2 NAME 2.3 STREET ADDRES	s
STREET ADDRESS			2.4 CITY-ST-ZIP	· Change Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRE	
STREET ADDRESS		☐ DELETE	3.4. CTTY-ST-ZIP 4.1 TITLE	Change Additio
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP	SSS ☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME	
NAME STREET ADDRES	ss .		5.3 STREET ADDR 5.4 CITY-ST-ZIP 6.1 TITLE	ESS ☐ Change ☐ Addit
CITY-ST-ZIP TITLE NAME		☐ DELETE	6.2 NAME 6.3 STREET ADDI	RESS
STREET ADDRE	ss			stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 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 truster 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: