

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S46048**

(2)

1. Corporation Name
ROANN INC.



Principal Place of Business
**12391 BANYAN RD.
N. PALM BCH. FL 33408
US**

Mailing Address
**12391 BANYAN RD.
N. PALM BCH. FL 33408
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 9. Name and Address of Current Registered Agent

**LEONARD, ANN M
12391 BANYAN RD.
N. PALM BCH. FL 33408**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
04/17/1991

3a. Date of Last Report
03/27/1995

4. FEI Number
65-0280774

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0607 and 607.1604, 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 obligation of Section 607.0607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**P
LEONARD, ROBERT W JR.
12391 BANYAN RD.
N. PALM BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**ST
LEONARD, ANN M
12391 BANYAN RD.
N. PALM BCH FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
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94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

P/S/T/D

☒ Change ☐ Addition

V/D

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Leonard, Jr.
ROBERT W. LEONARD, JR. 3/15/96 (401) 627-7075

CR2E034 (12/95)