

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S69290 (2)

1. Corporation Name

ROTH & ASSOCIATES, P.A. CERTIFIED PUBLIC ACCOUNTANTS

Principal Place of Business

8603 SOUTH DIXIE HIGHWAY
STE 408
MIAMI FL 33143
US

Mailing Address

8603 SOUTH DIXIE HIGHWAY
STE 408
MIAMI FL 33143
US

2. Principal Place of Business

21 above
Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 above
Suite, Apt. #, etc.

27 City & State

28 Zip

Country

g. Name and Address of Current Registered Agent

ROTH, DEBRA L
8603 S. DIXIE HIGHWAY, #408
MIAMI FL 33143

3. Date Incorporated or Qualified

07/29/1991

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0278376

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

81 Name

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

83

84 City

FL

85 Zip Code

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 date of registration

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PST	ROTH, DEBRA L.	8603 S. DIXIE HIGHWAY	MIAMI FL	<input type="checkbox"/>
D	ROTH, DEBRA L.	8603 S. DIXIE HIGHWAY	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	1.5 TITLE	1.6 NAME	1.7 STREET ADDRESS	1.8 CITY-STATE-ZIP	1.9 TITLE	1.10 NAME	1.11 STREET ADDRESS	1.12 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE:

Debra L. Roth

Debra L. Roth

4/1/96

(305) 667-6474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)