PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90192 010 ***150.00

DOC	JMENT	#	S69290
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1. Corporation Name

ROTH & ASSOCIATES, P.A. CERTIFIED PUBLIC ACCOUNT ANTS

Princ	ipal Plac	e of	Business
13033	SW 104	AVE	
STE-4	98		
LELABOR	771	·	

Mailing Address

13033 SW 104 AVE 19089 SW 191-AVE STE-408 STE-409 MAAH-PL 33176 MISSING PROPERTY.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US US	07/29/1991				
2. Principal Place of Business 2a_Mailing Address	4. FEI Number Applied For 65-0278376 Not Applicable				
ROTH & ASSOCIATES, P.A.	65-0278376 Not Applicable 5. Certifcate of Status Desired \$8.75 Additional Fee Required				
CERTIFIED PUBLIC ACCOUNTANTS 7963 S.W. 104th STREET #A-111	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
MIAMI FL 33156	8. This corporation owes the current year Intangible Personal Property Tax.				
Name and Δddress of Current Registered Agent	10. Name and Address of New Registered Agent				
	Name				
DEBRA L. ROTH	32 Street Address (P.O. Box Number is Not Acceptable)				
7963 S.W. 104th STREET #A-111 MIAMI FL 33156	13				
	34 City FL 85 Zip Code				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a	above-named corporation submits this statement for the purpose of changing its registered				

onice or registered agent, or both, in the State of Florida. Such change was authorized

agent. i a	m ramiliar with, and accept the obligations of, Section	007.0303, Florida	a Statutes.	\$4.50	h		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	egistered Agent signature req	uired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	ROTH, <u>D</u> EBRA L.		1.2 NAME				
STREET ADDRESS	SGUS STOINE SHOWNY		1.3 STREET ADDRESS		(t.o		
CITY-ST-ZIP	MIAMI FL		1,4 CITY-ST-ZIP	Same as .	PON 6		
TITLE	D	DELETE	2.1 TITLE	<u> </u>		☐ Change	☐ Addition
NAME	ROTH, DEBRA L.		2.2 NAME	1			
STREET ADDRESS			2.3 STREET ADDRESS	\ /			
	MIAMI FL		2.4 CRY-ST-ZIP	4/			
CITY-ST-ZIP TITLE	INDAM I C	DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME			_ •	_
STREET ADDRESS	∽ `		3.3 STREET ADDRESS				
			3.4. CITY-ST-ZIP			•	
TITLE		DELETE	4.1 TITLE			Change	Addition
			4. 2 NAME			•••	_
NAME			i i				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				∧oo.con
NAME							
STREET ADDRESS	•		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				F77 + 4 F6
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-7IP			6.4 CITY-ST-ZIP				

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 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.