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

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90086 024 ***150.00

DOCUI	MENT # V20542						
1. Corporation	^{n name} // ROJAS ENTERPRISES, IN (
Principal Place	e of Business	Mailing Address				BHARLOUGH ARBIT BIGH A	
27341 GOLF COURSE LP 27341 GOLF COURSE LP							
WESLEY CHAPEL FL 33541 WESLEY CHAPEL FL 33544			ı				
US		U\$			DO NOT WRITE IN	THIS SPACE	
					3. Date incorporated or Qualifed 03/12/1992		
Principal Place of Business 2a. Mailing Address				_	4. FEI Number	- IAn	plied For
21		26		59-3109776		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A	dditional	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	е	City & State		6. Election Campaign Financing	\$5.00	- L	
23		28		<u>.</u>	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current ye		□No
24	9. Name and Address of Current	29	30		Personal Property Tax. 10. Name and Address of New Regist		
	S. Hame and Address of Curren	r redistalen udeur		81 Name	16' Maria and Lagrage of them treates		
)LEY, KAREN C.				(D.O. Day Musels and Assessment		
27341 GOLF COURSE LOOP				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
WES			83				
				84 City		85 Zip C	`ode
				1		FL	
11, Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statute	es, the ab	ove-named con	poration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing its	registered
office or n	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was al tions of, Section 607.0505, Flor	utnorized rida Statu	by the corporati ites.	ion's board of directors, rifereby accept the	appointment as ret	gistered
SIGNATURE							
	Signature, typed or printed name of registered agen			Agent signature requir		TE SUBSCIE	DO 151 40
TITLE	PD OFFICERS AN	D DIRECTORS	13. 1.1 TIT	15	ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	COOLEY, MICHAEL J.	ے محدد اد	1.2 NA			, ,	_
STREET ADORESS	27341 GOLF COURSE LOOP			REET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL FL			Y-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TIT			☐ Change	Addition
NAME	ROJAS, NEREO G.		2.2 NA	ME			ŀ
STREET ADDRESS	5315 WESLEY CHAPEL LOOP		2.3 STI	REET ADDRESS			
CITY-ST-ZIP	WESLEY-CHAPEL FL			TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	SD	☐ DELETE	3.1 गा	LE		☐ Change	☐ Addition
NAME	COOLEY, KAREN C.		3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			}
CITY-ST-ZIP	WESLEY CHAPEL FL		_	TY-ST-ZIP			
ΠLE	TD	☐ DELETE	4.1 TIT	_		Change	☐ Addition
NAME	COOLEY, LINDA M.		4. 2 NA				
STREET ADDRESS	5315 WESLEY CHAPEL LOOP		I	REET ADDRESS	•	•	
CITY-ST-ZIP	WESLEY CHAPEL FL	☐ DELETE		Y-ST-ZIP		Change	☐ Addition
TITLE		□ vcrcie	5.1 TIT 5.2 NA	I .	· ,	onange	
NAME CTREET ARROSCO	,			REET ADORESS			1
STREET ADDRESS	•			Y-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TIT			☐ Change	Addition
NAME			6.2 NA			→ 3-	_
STREET ADDRESS	at the strain			REET ADDRESS			

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 a mattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: