

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

FILED

Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **V44831** (8)
1. Corporation Name
SOUTHERN ALLERGY SERVICES, INC.



Principal Place of Business
**570 OCEAN DRIVE
APT. #101N
JUNO BEACH FL 33408
US**

Mailing Address
**570 OCEAN DRIVE
APT. #101N
JUNO BEACH FL 33408
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 168 Fiesta way
Suite, Apt. #, etc.
22
City & State
23 Ft. Lauderdale, Fla
Zip
24 33301 Country
25 BROWARD

2a. Mailing Address
26 9 TAIL OAK CIRCLE
Suite, Apt. #, etc.
27
City & State
28 TEQUESTA, Fla
Zip
29 33469 Country
30 PALM BEACH

3. Date Incorporated or Qualified
06/15/1992

4. FEI Number
65-0343603 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**ROFFMAN, JAY
570 OCEAN DRIVE
STE 175
JUNO BEACH FL 33408**

10. Name and Address of New Registered Agent
81 Name JAY ROFFMAN
82 Street Address (P.O. Box Number Not Acceptable) 9 TAIL OAK CIRCLE
83
84 City Tequesta FL 85 Zip Code 33469

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDST	1.1 TITLE	Director
NAME	ROFFMAN, JAY	1.2 NAME	Peter Roddewy
STREET ADDRESS	2213 SMOKETREE CT	1.3 STREET ADDRESS	15301 N.W. 34 Ave
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	MIAMI, FL 33054
TITLE	ROFFMAN, JAY	2.1 TITLE	President
NAME	ROFFMAN, JAY	2.2 NAME	JAY ROFFMAN
STREET ADDRESS		2.3 STREET ADDRESS	9 TAIL OAK CIRCLE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tequesta, Fla 33469
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE **JAY ROFFMAN, President** **1/26/98**

CR2E034 (10/97)