


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90125 028 ***150.00

0356539

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # V44831

1. Corporation Name

SOUTHERN ALLERGY SERVICES, INC.

Principal Place of Business

168 FIESTA WAY
FT. LAUDERDALE FL 33301
US

Mailing Address

9 TALL OAK CIRCLE
TEQUESTA FL 33469
US

DO NOT WRITE IN THIS SPACE

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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 451 SEASIDE LANE

Suite, Apt. #, etc.

22

City & State

23 JUNO BEACH, FLA

Zip

24 33408

Country

25 PALM BEACH

2a. Mailing Address

26 451 SEASIDE LANE

Suite, Apt. #, etc.

27

City & State

28 JUNO BEACH, FLA

Zip

29 33408

Country

30

9. Name and Address of Current Registered Agent

ROFFMAN, JAY
9 TALL OAK CIRCLE
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

JAY ROFFMAN

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

451 SEASIDE LANE

83

84 City

JUNO BEACH

FL

85 Zip Code

33408

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

11/1/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME PETER BODDEA
STREET ADDRESS 15301 NW 34TH AVE
CITY-ST-ZIP MIAMI FL 33054

TITLE P ☐ DELETE

NAME ROFFMAN, JAY
STREET ADDRESS 9 TALL OAK CIR.
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/99

561-252-0018

CR2E034 (11/98)