## 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

## **DOCUMENT # V71998**

1. Corporation Name

ROTHMAN CORP.

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90141 040 \*\*\*150.00



Principal Place of Business   Mailing Address								
PINELLAS PARK FL 33781 US  DO NOT WRITE IN THIS SPACE  1/19/19/19/2  2. Principal Place of Business 2. A Mailing Address S  Sulte, Agt. #, etc.	Principal Plac	e of Business	Mailing Address					
2. Principal Place of Business   2a, Mailing Address   4. FEI Number   Applied for 221   27   Applied for 55-0369897   Ap	PINELLAS PARK FL 33781 PINELLAS PARK FL 33781					DO NOT WRITE IN THIS SPACE		
Sulfo, Apt. 8, etc.  Sulfo, Ap	05		00			3. Date incorporated or Qualifed		
Sulfa, Apt. #, etc.   27   27   27   27   27   28   3.0	2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number		opplied For
Solita Apt E, etc.    27						65-0369897		lot Applicable
City & State    City & State   City & State   City & State   City & State   City & State   City   Country   Zip	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			سرفسندري مدريه	~5; Certifcate of Status Desired		
Zip   Zountry   Zip   Zountry   Zip   Zi	City & Stat	City & State City & State						
Some and Address of Current Registered Agent  ROTHMAN, THELMA P 5700 70TH AVENUE NORTH PINELLAS PARK FL 33781  11. Pursuant to the provisions of Sections 607 6502 and 607 1508, Florids Statutes. The edote-named corporation submits this statement for the purpose of changing its registered agent. I main familiar with, and accept the obligations of Sections 607 6502 florids Statutes. The edote-named corporation submits this statement for the purpose of changing its registered agent. I main familiar with, and accept the obligations of Section 607 6505 Florids Statutes.  SIGNATURE  Signature. I host or printed remor of registered agent and this if applicable. (hOTE Registered Agent in the corporation's board of directors. I hereby accept the appointment as registered agent. I main familiar with, and accept the obligation of Section 607 6505, Florids Statutes.  SIGNATURE  Signature. I host or printed remor of registered agent and this if applicable. (hOTE Registered Agent in the corporation's board of directors. I hereby accept the appointment as registered agent. I main familiar with an adecept the obligation of Section 607 6505, Florids Statutes.  SIGNATURE  Signature. I host or printed remor of registered agent and this if applicable. (hOTE Registered Agent in the corporation's board of directors. I hereby accept the appointment as registered agent. I main familiar with an adecept the obligation of Section 607 6505, Florids Statutes.  SIGNATURE  DPST  TITLE  DPST  OPFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition	Zip			Country		8. This corporation owes the current year		
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered  8. Name and Address of New Agents  8. Name and Address of Not Acceptable)  8. Name and Address of New Agents  8. Name and Address of New Age	24							□No
ROTHMAN, THELMA P 5700 70TH AVENUE NORTH PINELLAS PARK FL 33781  82 Shreet Address (P.O. Box Number is Not Acceptable)  83 Shreet Address (P.O. Box Number is Not Acceptable)  84 City FL 86 Zip Code  85 Zip Code  86 City FL 86 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  89 Zip Code  80		9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Register	ad Agent	
STORE TADRESS   STORE AVENUE NORTH   PINELLAS PARK FL 33781   STORE Address (P.O. Gox Number is Not Acceptable)				81	Name			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Floride 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 Floride, Such change was auth noticed by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent and size of Floride. Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE   DPST   DELETE   11 TITLE   DRIVEN NAME   1.2 NAME   1				82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
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, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OPS1  ROTHMAN, THELMA P  STREET ADDRESS  TITLE  OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  TITLE  OELETE  14. TITLE  OELETE  15. TITLE  OELETE  14. TITLE  OELETE  15. TITLE  OELETE  15. TITLE  OELETE  16. Change  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  OELETE  16. TITLE  OELETE  17. TITLE  OELETE  17. TITLE  OELETE  18. TITLE  OELETE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OELETE  17. TITLE  OELETE  18. TITLE  OELETE  TITLE  OELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  OELETE  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  OELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  OELETE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STR	PINE	ELLAS PARK FL 33781		83				
office of registered agent, or both, in the State of Horiza. Such change was uniforced by the obligations of Section 607,6905, Florida Statutes.  SIGNATURE    12.					,		*L   `	
Signature, hyper or printed manes of registered agent and office if applications   13	office or r agent. I a	registered agent, or both, in the State in am familiar with, and accept the obligat	of Florida, Such chanda was auto	nnzen D	v ine collibrado	m's board of directors. Thereby accept the ap	pointment do i	registered
TITLE	OID!#\!TO!\L	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	gistered Age	ent signature required			
NAME	12.				<del></del>	ADDITIONS/CHANGES TO OFFICERS		
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CMY-ST-ZIP   PINELLAS PARK FL 33781	NAME						-	
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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: \( \)

BEQUIRTHELMA P. Rothman 1/25/99