SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** K97576 ROSE LANG REALTY, INC. Principal Place of Business Mailing Address 134 COMMERCIAL WAY 134 COMMERCIAL WAY SUITE F SHITE F SPRING HILL FL 34606 SPRING HILL FL 34606 3a. Date of Last Report 3. Date incorporated or Qualified 06/23/1989 02/07/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2681183 Not Applicable 136 Commercial Way 21 136 Commercial Way \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Stockton Plaza <u>Stockton Plaza</u> 6. Election Campaign Financing \$5.00 May Be City & State Spring Hill, FL Trust Fund Contribution Added to Fees Spring Hill, FL 8. This corporation has fiability for intangible tax under s. 199 032, Zip Country ŽiD Yes 🔲 No 30 Hernando 34606 Florida Statules 34606 25 Hernando 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LANG, ROSE Street Address (P.O. Box Number is Not Acceptable) 134 COMMERCIAL WAY SUITE F 83 **SPRING HILL FL 34606** Zip Code 85 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (Note: Pegistered Agent signature require 1 when renestating) and blue Lappin able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TITLE **PST** E034 1.2 NAME LANG, ROSE NAME **5083 COUNTYLINE ROAD** 1.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 14 CITY - ST - ZIP DITY-ST-ZIP DELETE Change Addition 2.1 THUE TITLE STD 2.2 NAME LANG, ROSE NAME **5083 COUNTYLINE ROAD** 2.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE THUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - 2IP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-7 P CITY-ST-ZIP Change Addition DELETE 5.1 TiTLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST- ZIP CITY - ST - ZIP Change Addition DELETE 61111.8 TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CHY - \$1 - 2iP CITY - ST - ZIP 14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617. Florida Statutes, and that many nature appears in the Chapter 618 of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and

n an attachment with an address.

NAME OF SONING OFFICER OR DIRECTOR

June 6-96 352-683-6514

that my name appears in

**SIGNATURE:**