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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

12684 CORPORATION

Principal Place of Business

Г	30320	

**FILED** 

Feb 26 1998 8:00am

Secretary of State

Mailing Address C/O BARRIE D. ROSE

C/O EMIL C. MARQUARPT 400 CLEVELAND ST., SUITE 800 CLEARWATER FL 34815-4003		C/O BARRIE D. ROSE 3108-99 HARBOUR SO TORONTO, ONTARIO MJS 2HZ		DO NOT WRITE IN THIS SPACE				
					<ol> <li>Date Incorporated or Qualified</li> <li>11/15/1991</li> </ol>			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	A	pplied For	
		26			51-0334546	I No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zιρ	Zip Country		8. This corporation owes or has paid the cu	rrent year In	ta#gible	
24	25	[29]	30		Personal Property Tax due June 30. Yes 📝 No			
	9, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent		
	RQUARDT, EMIL C., JR.		81	Name			Ì	
400 CLEVELAND STREET, SUITE 800			82	Street Add	dress (P.O. Box Number is Not Acceptable)		<del></del>	
CLEARWATER FL 34615								
l			83	i	<del>-</del>			
			84	City		85 Zip	Code	
			"	City	FL	.		
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the above	e-named cor	poration submits this statement for the purpose of	of changing i	ts registered	
office or fi	egistered agent, or both, in the Sta m familiar with, and accept the obli	re of Fiorida. Such change wa gations of, Section 607.0505.	as authorized by Florida Statute	y tne corpora s.	ation's board of directors. I hereby accept the app	pointment as	registered	
SIGNATURE	•	•					ì	
GIGHATORE	Signature, typed or printed hence of registered a	•	NOTI : Hegistered Ag	ent signature requ	uired when reinstating) DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PS	☐ DELETE	1.1 TATLE			Change	☐ Addition	
NAME	ROSE, BARRIE D.		1.2 NAME					
STREET ADDRESS	3108-99 HARBOUR SQ		1.3 STREET	ADDRESS				
CITY-ST-ZIP	TORONTO, ONT., CANADA		1.4 CITY - 5	ST-ZIP				
TITLE	AS D		2.1 TITLE			Change	☐ Addition	
NAME	ROSE, JOHN A.		2 2 NAME				ŀ	
STREET ADDRESS	28 PEVERIL HILL RD. NO.		2.3 STREET	ADDRESS			ļ	
CITY-ST-2IP			2. 4 CITY-	ST-ZIP				
TITLE	AS	☐ DELETE	3.1 TITLE	ļ		☐ Change	☐ Addition	
NAME	ROSE, ROBERT A.	F ***	3.2 NAME					
STREET ADDRESS	44 S. JOSEPH STREET, ST	E 2014	3.3 STREET				1	
CITY - ST - ZIP	TORONTO, ONT.,CANADA		3.4. CITY-	ST-ZIP		T Observe		
TITLE	AS DOCE DALII A	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME	ROSE, PAUL A.	MALIE CA	4. 2 NAME				1	
STREET ADORESS	C/O B. ROSE 3108-99 HAP	יסטעון אַט.	4.3 STREET	1			1	
CITY-ST-ZIP	TORONTO, ONT.,CANADA	Decree	4.4 CITY-5	51-ZIP		Change	Addition	
TITLE	_		51 TITLE			L. Criange	LI ADUIDA	
NAME			52 NAME				l	
STREET ADDRESS			5.3 STREET				l	
CITY-ST-ZIP	···	DELETE	5.4 CITY - S	ST-ZIP		Change	Addition	
TITLE		טוננונ	6.1 TITLE			C) Change	LI AUGUOUI	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET					
CITY-S1-ZIP			6.4 CITY - S	T- ZIP	O	- 27 - 11 - 4 41 -		

a nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that the Informatio 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 eath; 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: