

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000008827 (4)**

1. Corporation Name
ROSEMARIE N. SCHADE, P.A.



Principal Place of Business: **201 S BISCAYNE BLVD #1600 MIAMI FL 33131**
Mailing Address: **201 S BISCAYNE BLVD #1600 MIAMI FL 33131**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **01/26/1995**
3a. Date of Last Report
4. FEI Number: **65-0567187**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD #1600
MIAMI FL 33131**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: **D** [DELETE] NAME: **SCHADE, ROSEMARIE N** STREET ADDRESS: **201 S BISCAYNE BLVD #1600** CITY-ST-ZIP: **MIAMI FL 33131**
12.2 TITLE: **D** [DELETE] NAME: **PERRONE, STEPHEN L** STREET ADDRESS: **201 S BISCAYNE BLVD #1600** CITY-ST-ZIP: **MIAMI FL 33131**
12.3 TITLE: **D** [DELETE] NAME: **GIBBONS, K** STREET ADDRESS: **ONE RIVERFRONT PLAZA #1800** CITY-ST-ZIP: **LOUISVILLE KY 40202**
12.4 TITLE: [DELETE] NAME: STREET ADDRESS: CITY-ST-ZIP:
12.5 TITLE: [DELETE] NAME: STREET ADDRESS: CITY-ST-ZIP:
12.6 TITLE: [DELETE] NAME: STREET ADDRESS: CITY-ST-ZIP:

13.1 TITLE: [Change] [Addition] NAME: STREET ADDRESS: CITY-ST-ZIP:
13.2 TITLE: [Change] [Addition] NAME: STREET ADDRESS: CITY-ST-ZIP:
13.3 TITLE: [Change] [Addition] NAME: STREET ADDRESS: CITY-ST-ZIP:
13.4 TITLE: [Change] [Addition] NAME: STREET ADDRESS: CITY-ST-ZIP:
13.5 TITLE: [Change] [Addition] NAME: STREET ADDRESS: CITY-ST-ZIP:
13.6 TITLE: [Change] [Addition] NAME: STREET ADDRESS: CITY-ST-ZIP:
13.7 TITLE: [Change] [Addition] NAME: STREET ADDRESS: CITY-ST-ZIP:
13.8 TITLE: [Change] [Addition] NAME: STREET ADDRESS: CITY-ST-ZIP:

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***200.00**

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosemarie N. Schade*
ROSEMARIE N. SCHADE

4/10/96 (305) 358-6300
5-1-96

CR2E034 (12/95)