

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

**FILED**  
**Mar 04 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000008827 (4)**  
 1. Corporation Name  
**ROSEMARIE N. SCHADE, P.A.**



Principal Place of Business Mailing Address  
**201 S BISCAYNE BLVD #1600 MIAMI FL 33131**      **201 S BISCAYNE BLVD #1600 MIAMI FL 33131-4329**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/26/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21	22	26	27	4. FEI Number <b>65-0567187</b>	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25		30		8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD #1600 MIAMI FL 33131</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHADE, ROSEMARIE N</b>	1.2 NAME	
STREET ADDRESS	<b>201 S BISCAYNE BLVD #1600</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRONE, STEPHEN L</b>	2.2 NAME	
STREET ADDRESS	<b>201 S BISCAYNE BLVD #1600</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBBONS, K</b>	3.2 NAME	
STREET ADDRESS	<b>ONE RIVERFRONT PLAZA #1800</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LOUISVILLE KY 40202</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>S Rita M. Nettina</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>55 N.E. 73 St.</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>Miami, Fla 33138</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 reported 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: *R.N. Schade* **R.N. Schade**      2/26/97 (305) 358-6300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/No Phone #

CR2E034 (9/96)