

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

Pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V46827 (4)

1. Corporation Name RO'S GARDEN, INC. OF NAPLES



Principal Place of Business 4172 CORPORATE SQ. #B NAPLES FL 33942 US Mailing Address 4172 CORPORATE SQ. #B NAPLES FL 33942 US

3. Date Incorporated or Qualified 06/30/1992 3a. Date of Last Report 03/28/1995 4. FEI Number 65-0348782 Applied For Not Applicable 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

2. Principal Place of Business 21 977 4th Ave., North 22a. Mailing Address 26 977 4th Ave., North 22 Suite, Apt. #, etc. 27 Suite Apt. #, etc. 23 City & State Naples, FL 28 City & State Naples, FL 24 Zip 33940 25 Country Collier 29 Zip 33940 30 Country Collier

9. Name and Address of Current Registered Agent NOCERA, ROSEMARIE G. 4172 B CORPORATE SQ NAPLES FL 33942 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 officer 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 Signature (typed or printed name of officer, director, trustee or agent) (Typed Name of Registered Agent Signature Required When Changing) DATE

Table with 2 main columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include Name, Title, Street Address, City-St-Zip, and checkboxes for Delete, Change, or Addition.

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 941 6433177 Date Filed #

CR2E034 (12/95)