

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **311887** (4)
1. Corporation Name
SPRINGROSE INC



Principal Place of Business 979 FLAMEVINE LANE PO BOX 3348 VERO BEACH FL 32964	Mailing Address 979 FLAMEVINE LANE PO BOX 3348 VERO BEACH FL 32964
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/15/1966	
4. FEI Number 59-1222622		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ROSE JR, EDWARD L 969 FLAMEVINE LANE VERO BEACH FL 32963				10. Name and Address of New Registered Agent 81 Name PETER G. FROEHLICH 82 Street Address (P.O. Box Number is Not Acceptable) 2976 59TH AVE. 83 84 City VERO BEACH FL 85 Zip Code 32966			
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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 *Peter G. Froehlich* **PETER G. FROEHLICH** 2/12/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROSE, EDWARD L., JR.			1.2 NAME	PETER G. FROEHLICH		
STREET ADDRESS	969 FLAMEVINE LANE			1.3 STREET ADDRESS	2976 59TH AVE.		
CITY-ST-ZIP	VERO BEACH FL			1.4 CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPRINGER, JACQUELINE E			2.2 NAME			
STREET ADDRESS	999 FLAMEVINE LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			2.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FROEHLICH, PETER G.			3.2 NAME	MARILYN FROEHLICH		
STREET ADDRESS	2976 59TH AVE.			3.3 STREET ADDRESS	2976 59TH AVE		
CITY-ST-ZIP	VERO BEACH FL			3.4 CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROSE, MITZI			4.2 NAME	EDWARD L. ROSE, JR.		
STREET ADDRESS	969 FLAMEVINE AVE.			4.3 STREET ADDRESS	969 FLAMEVINE LANE		
CITY-ST-ZIP	VERO BEACH FL			4.4 CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	MITZI ROSE		
STREET ADDRESS				5.3 STREET ADDRESS	969 FLAMEVINE LANE		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	VERO BEACH, FL 32966		
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 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 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: *Peter G. Froehlich* **PETER G. FROEHLICH** 2/12/98 561-281-4755

CR2E034 (10/97)