

**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 # **437889** (9)

1. Corporation Name  
**ROZEE ENTERPRISES, INCORPORATED**



Principal Place of Business: **5181C BRISATA CIR BOYNTON BCH FL 33437 US**  
Mailing Address: **5181C BRISATA CIR BOYNTON BCH FL 33437 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for additional entities.

3. Date of Incorporation or Qualified: **10/10/1973**  
3a. Date of Last Filing: **05/01/1995**  
4. FEIN number: **59-1486059**  
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. 190.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

**ROSENBLATT, EILEEN  
5181C BRISATA CIRCLE  
BOYNTON BCH FL 33437**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PS ROSENBLATT, EILEEN</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENBLATT, EILEEN</b>	2. NAME	
STREET ADDRESS	<b>5181C BRISATA CIRCLE</b>	3. STREET ADDRESS	
CITY-STATE-ZIP	<b>BOYNTON BCH FL</b>	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. TITLE	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-STATE-ZIP		8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	

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)(a), 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: *Eileen Rosenblatt* **4/7/96** **407-736-7714**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)