
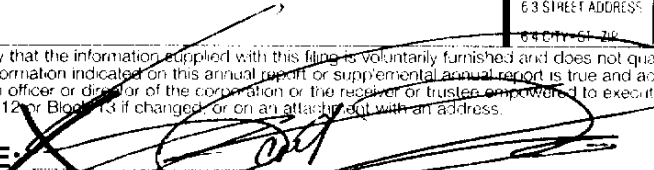


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS																																									
DOCUMENT # 460637 (2)																																											
1. Corporation Name ROSE-ANNE, INC.																																											
Principal Place of Business TAVERNIER BEND MM 92.3 US 1 P.O. BOX 1278 TAVERNIER FL 33070		Mailing Address TAVERNIER BEND MM 92.3 US 1 P.O. BOX 1278 TAVERNIER FL 33070																																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30																																									
3. Date Incorporated or Qualified 09/05/1974		3a. Date of Last Report 05/01/1995																																									
4. FEI Number 59-1548462		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
9. Name and Address of Current Registered Agent PRICE, ROSEMARIE 160 HARBORVIEW DR P.O. BOX 565 TAVERNIER FL 33070		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 607.1506, 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 Signature typed or printed name of registered agent, if not applicable. Date Registered Agent signed the statement and filing.																																											
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 40%;">NAME</td><td style="width: 10%;">STREET ADDRESS</td><td style="width: 10%;">CITY - ST - ZIP</td><td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td></tr><tr><td></td><td>PTS PRICE, SCOTT</td><td>162 DOVE CRK DR</td><td>TAVERNIER FL</td><td></td></tr></table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE		PTS PRICE, SCOTT	162 DOVE CRK DR	TAVERNIER FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">11 TITLE</td><td style="width: 40%;">12 NAME</td><td style="width: 10%;">13 STREET ADDRESS</td><td style="width: 10%;">14 CITY - ST - ZIP</td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>21 TITLE</td><td>22 NAME</td><td>23 STREET ADDRESS</td><td>24 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>31 TITLE</td><td>32 NAME</td><td>33 STREET ADDRESS</td><td>34 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>41 TITLE</td><td>42 NAME</td><td>43 STREET ADDRESS</td><td>44 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>51 TITLE</td><td>52 NAME</td><td>53 STREET ADDRESS</td><td>54 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>61 TITLE</td><td>62 NAME</td><td>63 STREET ADDRESS</td><td>64 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>		11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																											

CR2E034 (12/95)

6/16/96 852-3022