

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

**FILED**

**Jan 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 528838 (6)**  
1. Corporation Name  
**ROSS REALTY INVESTMENTS, INC.**



Principal Place of Business: **10021 PINES RD. #101 PEMBROKE PINES FL 33024 US**  
Mailing Address: **10021 PINES RD. #101 PEMBROKE PINES FL 33024-6168 US**

<b>3. Date Incorporated or Qualified</b> 03/11/1977	<b>3a. Date of Last Report</b> 03/05/1996
<b>4. FEI Number</b> 59-1739461	Applied For Not Applicable
<b>6. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**  
**ROSS, BARRY  
10021 PINES BLVD  
SUITE 101  
PEMBROKE PINES FL 33024**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 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 \_\_\_\_\_  
Signature of registered agent, officer or director, or both, if applicable. (NOTE: Registered Agent signature required when reinstating.)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, BARRY</b>	
STREET ADDRESS	<b>3891 N. 52ND AVE</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, DIANE</b>	
STREET ADDRESS	<b>3891 N. 52ND AVE</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>COHEN, HAL J.</b>	
STREET ADDRESS	<b>5301 CLEVELAND STREET</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11</b> TITLE
<b>12</b> NAME
<b>13</b> STREET ADDRESS
<b>14</b> CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>21</b> TITLE
<b>22</b> NAME
<b>23</b> STREET ADDRESS
<b>24</b> CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>31</b> TITLE
<b>32</b> NAME
<b>33</b> STREET ADDRESS
<b>34</b> CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>41</b> TITLE
<b>42</b> NAME
<b>43</b> STREET ADDRESS
<b>44</b> CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>51</b> TITLE
<b>52</b> NAME
<b>53</b> STREET ADDRESS
<b>54</b> CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>61</b> TITLE
<b>62</b> NAME
<b>63</b> STREET ADDRESS
<b>64</b> 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 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 or changed, or on an attachment with an address.**

**SIGNATURE:** \_\_\_\_\_ **1-6-97 954-437-4444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)