

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 566833

1. Corporation Name  
ROSS PROPERTIES, INC.

Principal Place of Business  
3850 NW BOCA RATON BLVD  
SUITE 5  
BOCA RATON FL 33431  
US

Mailing Address  
2061 N.W. 2 AVE. UNIT 108  
BOCA RATON FL 33431

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90050 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1978

4. FEI Number

59-1806704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 3850 NW BOCA RATON BLVD

Suite, Apt. #, etc.

22 SUITE #5

City & State

23 BOCA RATON

Zip

24 33431

Country

25 U.S.A.

2a. Mailing Address

26 3850 NW BOCA RATON BLVD

Suite, Apt. #, etc.

27 SUITE #5

City & State

28 BOCA RATON

Zip

29 33431

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

HACKETT, JAMES S.  
2061 N.W. 2ND AVENUE  
SUITE #108  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

JAMES S. HACKETT

82 Street Address (P.O. Box Number is Not Acceptable)

3850 NW BOCA RATON BLVD

83

SUITE #5

84 City

BOCA RATON

FL

85 Zip Code

33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ROSS, PETER J.

STREET ADDRESS 3665 NW 5 AVE

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME ST HACKETT, JAMES S.

STREET ADDRESS 800 HIBISCUS STREET

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

561 392-7677  
Daytime Phone #

CR2E034 (11/98)