

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 604535 (5)

1. Corporation Name

JERALD I. ROSEN, P.A.

Principal Place of Business

711 BEAR SHADOW COURT
P O BOX 915107
LONGWOOD FL 32791-2107

Mailing Address

711 BEAR SHADOW COURT
P O BOX 915107
LONGWOOD FL 32791-2107



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ROSEN, JERALD I.
711 BEAR SHADOW COURT
LONGWOOD FL 32779

3. Date Incorporated or Qualified

07/16/1973

3a. Date of Last Report

01/17/1995

4. FEI Number

59-1469546

Applied For

Not Applicable

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. 199.032,
Florida Statutes

☐

Yes

☐

No

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 607.1508, 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 taken in public or by registered agent and filed with application

Signature of Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP 2. TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP 3. TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP 4. TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP 5. TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP 6. TITLE 62 NAME 63 STREET ADDRESS 64 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)(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

1/22/96

(407) 682-2290

CR2E034 (12/95)