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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # **636266** **(9)**

1. Corporation Name

MARY ROSE ENTERPRISES, INC.

Principal Place of Business

6472 LAKE WORTH ROAD
LAKE WORTH FL 33463

Mailing Address

6472 LAKE WORTH ROAD
LAKE WORTH FL 33463

2. Principal Place of Business
21
Suite Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 09/14/1979

3a. Date of Last Report: 04/26/1995

4. FEI Number: 59-1942023 — 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

9. Name and Address of Current Registered Agent

FILIPELLI, MARY ROSE
7082 S GOLF COLONY CT
APT 204
LAKE WORTH FL 33467

NEW ADDRESS
FILIPPELLI, MARYROSE
4391 MINERVA DR.
LAKE WORTH, FL.
33463

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 Section 607.0505 and 607.1008, 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 Mary Rose Filippelli

12. OFFICERS AND DIRECTORS

TITLE	PSTD ☐ DELETE
NAME	FILIPELLI, MARY ROSE ADDRESS ABOVE
STREET ADDRESS	~~7082 SO GOLF COLONY CT APT 204~~
CITY-ST-ZIP	LAKE WORTH FL 33463
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not equal, for the purposes stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in this annual report or supplemental amendment to annual report is true and accurate and that electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or a 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: Mary Rose Filippelli 4/16/96 407-967-1025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

CR2E034 (12/95)