

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 # 649010 (6)

1. Corporation Name  
ROUSE, INC.



Principal Place of Business: 1025 TREASURE LANE, 2026 CARDINAL DR, POB 3639, VERO BCH FL 32964  
Mailing Address: 2026 CARDINAL DR, POB 3639, VERO BCH FL 32964

3. Date Incorporated or Qualified: 12/20/1979  
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business: 1025 TREASURE LANE, VERO BEACH, FL 32963  
2a. Mailing Address: P.O. BOX 3639, VERO BEACH, FL 32964

4. FEI Number: 59-1953775  
Applied For: Not Applicable

21. Suite, Apt. #, etc.:  
22. City & State: VERO BEACH, FL 32963

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

23. City & State: VERO BEACH, FL 32963

6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

24. Zip: 32963  
25. Country: FLORIDA  
26. Zip: 32964  
27. Country: FLORIDA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROUSE, FREDERICK O  
2026 CARDINAL DR  
VERO BCH, FL 32963

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

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 date of appointment

(NOTE: Registered Agent Signature is required for all filings)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: V  
NAME: ROUSE, JOHN J  
STREET ADDRESS: 2026 CARDINAL DR  
CITY-ST-ZIP: VERO BCH, FL 00000

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE: S  
NAME: ROUSE, BARBARA H  
STREET ADDRESS: 2026 CARDINAL DR  
CITY-ST-ZIP: VERO BCH, FL 00000

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE: PD  
NAME: ROUSE, FREDERICK O  
STREET ADDRESS: 2026 CARDINAL DR  
CITY-ST-ZIP: VERO BCH, FL 00000

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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: *Frederick O. Rouse, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-96 961-231-5714  
Date Daytime Phone #

CR2E034 (12/95)