

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

FILED  
Jan 25 1996 8:00am  
Secretary of State

DOCUMENT # F00021 (8)

1. Corporation Name

ROSALIE HILL ELLIOTT, P.A.

Principal Place of Business

Mailing Address

C/O THE PRUDENTIAL FLORIDA REALTY  
1500 SAN REMO AVENUE, SUITE 110  
CORAL GABLES FL 33146

C/O THE PRUDENTIAL FLORIDA REALTY  
1500 SAN REMO AVENUE, SUITE 110  
CORAL GABLES FL 33146

3. Date Incorporated or Qualified  
10/02/1980

3a. Date of Last Report  
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIOTT, ROSALIE H.  
7990 RED ROAD  
MIAMI FL 33143

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, typed or printed name of registered agent and this if applicable

(None. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVT ☐ DELETE

NAME ELLIOTT, ROSALIE H.  
STREET ADDRESS 8129 SW 87 TERR  
CITY- ST- ZIP MIAMI FL

TITLE D ☐ DELETE

NAME ELLIOTT, ROSALIE H.  
STREET ADDRESS 8129 SW 87 TERR  
CITY- ST- ZIP MIAMI 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

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:

Rosalie Hill Elliott, President  
ROSALIE HILL ELLIOTT

1-18-96 305-667-4815

Date

Daytime Phone #

CR2E034 (12/95)