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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ROSALIE HILL ELLIOTT, P.A.

(8)

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						[8] 8] 8] B] B] B] B] B] B]	I BIBIN BEBY IDER	
C/O THE PRUDENTIAL FLORIDA REALTY 1500 SAN REMO AVENUE. SUITE 110 1500 SAN REMO AVENUE. SUITE 110 CORAL GABLES FL 33146 CORAL GABLES FL 33146					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 10/02/1980			
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	<u></u> -	Applied For	
21 26					59-2029192		Not Applicable	
		Suite, Apt. #, etc.	Apt. #, etc.			\$8.7	5 Additional	
22 27					Certificate of Status Desired		Required	
├ ─┐		City & State	/ & State		6. Election Campaign Financing		00 May Be	
23 Zin			Country		Trust Fund Contribution Added to Fees			
24	25	Zip [29]		У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24	25 29 30 30 9, Name and Address of Current Registered Agent		[30]		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
FI	LIOTT, ROSALIE H.		8	Name				
7990 RED ROAD MIAMI FL 33143				82 Street Address (P.O. Box Number is Not Acceptable)				
				Street Addr	Address (P.O. Box Number is Not Acceptable)			
			8:	3				
			8	City		85 Z	ip Code	
		741174774]		FLI	,	
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 registere	OAN olde slove it and health be	H. Doolstored A.	and providing too.	ted when re-instaling)	DATE		
12.		AND DIRECTORS	13.	kun signature redut	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECT	ORS IN 12	
TIPLE	PVT □ DELETE		1.1 TITLE		7.0577.07.07.07.07.07.07.07.07.07.07.07.07.0	☐ Chang		
NAME	ELLIOTT, ROSALIE H.		1.2 NAME					
STREET ADDRESS			1.3 STREE	1 ADDRESS				
CITY-ST-ZIP			1.4 CITY	ST-ZIP				
TITLE	D DOON DOON IS (1)	☐ DELETE	2 1 7 (TLE			☐ Chang	ge 🔲 Addition	
NAME	ELLIOTT, ROSALIE H.		2.2 NAME					
STREET ADDRESS	8129 SW 87 TERR			T ADDRESS				
CITY-ST-ZIP			2 4 CHY	S1 - ZIP	·	District	. Tadassa	
NAME			3.1 TITLE 3.2 NAME			☐ Chang	je Addition	
STREET ADDRESS				T ADDRESS			1	
CITY-ST-ZIP	<u> </u>		3.4. CITY					
THLE			4.1 TITLE	01.511		Chang	e Addition	
NAME	· · · · · · · · · · · · · · · · · · ·		4. 2 NAME			Lar Chang		
STREET ADDRESS				1 ADDRESS				
CITY - ST - ZIP	i		4.4 CITY-					
TITLE		DELFTE	5.1 TITLE			☐ Chang	e Addition	
NAME			5.2 NAME					
STREET ADDRESS			53 STREE	T ADDRESS			l	
CITY-S1-ZIP	·		5.4 CITY-	ST - 7IP				
TITLE		☐ DELETE	6.1 1ITLE			☐ Chang	e Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	I ADDRESS			•	
CITY-ST-ZIP			6.4 CH1Y -	S1 - 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.