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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400001489 (3)

ROSEBUD REAL PROPERTIES, INC.

FILED Mar 05 1997 8:00am Secretary of State

|--|

| 1% LONE STAR INDUSTRIES. INC. 300 FIRST STAMFORD PLACE STAMFORD CT 06912 | | % LONE STAR INDUSTRIES, INC. 300 FIRST STAMFORD PLACE STAMFORD CT 06902-8765 | | Date Incorporated or Qualified | 3a. Date of Last R | eport (| |
|--|--|--|---|--------------------------------|---|---|-----------------------------|
| | | | | | 03/24/1994 | 03/07/1996 | |
| | Tace of Business | 2a. Mailing Address | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 4. FEI Number | | oplied For |
| 21 | | 26 | | | 06-1394348 | No. | ot Applicable |
| Suito, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | | 5. Certificate of Status Desired Serviced Fee Required | | |
| City & Sta | 10 | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | | |
| Zφ | Country | Zip | · · · · · · · · · · · · · · · · · · · | | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 . | 25 29 30 9. Name and Address of Current Registered Agent | | 30 | Florida Statutes Yes No | | | |
| | | | 8 | 1 | 10. Name and Address of New Rec | gistered Agent | |
| | PRENTICE-HALL CORPORATION | I SYSTEM, INC. | 0 | Name | | | |
| 1201 HAYS ST. | | | | Street Add | Address (P.O. Box Number is Not Acceptable) | | |
| | E 105 | | | | | · · · · · · · · · · · · · · · · · · · | |
| TALL | AHASSEE FL 32301 | | 8 | 3 | | | |
| | | | 8 | 1 City | | 85 Zip | Code |
| | | | | 1 0.0, | | | |
| office or | to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig | of Horida. Such change wa | is authorized b | by the corpora | poration submits this statement for the pition's board of directors. I hereby accep | urpose of changing it t the appointment as | is registered registered |
| SIGNATURE | | | | | | | |
| 12. | Signature, typed or printed name of register diag. | D DIRECTORS | IOTE Registered A | gent signature raqui | ired when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE | S 141 20 |
| Till f | PD | DELETE | 11 TOTLE | | ADDITIONS/CHANGES TO OFFIC | Change | Addition |
| | TROUTMAN, WILLIAM M | L. Deten | | | | L. J. Ollange | nation |
| NAME | 300 FIRST STAMFORD PL | | 1.2 NAMI | | | | |
| STHEET ACCRESS | STAMFORD CT 06912 | | | ET ADDRESS | - | | |
| CHY-ST 7IP THUE | SD | DELETE | 1.4 CiTY- 2.1 TITLE | | | Change | Addition |
| | MARTIN, JOHN M | M OLLLA | | | | C change | LIII Madillon |
| INAM! | 300 FIRST STAMFORD PL. | | 2.2 NAMI | | | | |
| STEEF AUDRESS | STAMFORD CT 06912 | 1 | | ET ADDRESS | | | |
| CH r - S* - 702 | 1 | LIbritate | 2 4 CITY | | | Dobassa | T A subtract |
| TITLE | TD Roberts, William E | ☐ DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | 300 FIRST STAMFORD PL. | | 3.2 NAMI | | | | |
| STHOUT ACORESS | N TO SECOND | | 3.3 STRE | ET ADDRESS | | | |
| OTY-ST-7P | STAMFORD CT 06912 | | 3.4. CITY | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 4. 2 NAM | Ē | | | |
| STEELS ADDRESS | | | 4.3 STRE | ET ADDRESS | | | |
| City St-ZIP | | | 4.4 CITY | S1-ZIP | | ····· | |
| THEE | | ☐ DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.2 NAMI | | | | |
| STREET ADORESS | | | 5.3 STRE | ET ADDRESS | | | |
| CITY - ST - ZIP | | | 5.4 CITY | ST-ZIP | | | |
| TITLE | | DELETE | 6.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 6.2 NAMI | | | | |
| STEELLALVINESS | · | | 6.3 STRE | ET ADDRESS | | | |
| 011 Y - ST- 2111 | | | 6.4 CITY | ST-ZIP | | | |
| | | | | | | | |

4. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are no 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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

Daytime Phone #