

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 9: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *G 03064*

1. Corporation Name
LYNN E. ROSE, P.A., CPA

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10-01-1982	3a. Date of Last Report 04-94
4. FEI Number 59-2217164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 400 E. South Street Suite, Apt. #, etc. 22. Suite 500 City & State 23. Orlando, Florida Zip 24. 32801	26. 400 E. South Street Suite, Apt. #, etc. 27. Suite 500 City & State 28. Orlando, Florida Zip 29. 32801
Country 25. U.S.A.	Country 30. U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81. Name Lynn E. Rose
	82. Street Address (P.O. Box Number is Not Acceptable) 400 East South Street
	83. Suite Suite 500
	84. City Orlando
	85. Zip Code FL 32801

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 *Lynn E. Rose* **Lynn E. Rose** **04-01-95**
Signature typed or printed (Name of registered agent and the applicant) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	D/P/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	Rose, Lynn E.
STREET ADDRESS		3. STREET ADDRESS	400 East South Street, Suite 500
CITY - ST - ZIP		4. CITY - ST - ZIP	Orlando, FL 32801
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE		31. TITLE	90000148974 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	-05/01/95--01075--006
STREET ADDRESS		33. STREET ADDRESS	****200.00 ****200.00
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	4/27/95
STREET ADDRESS		53. STREET ADDRESS	<i>MR</i>
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 the 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 13 of Block 13 change, or as an officer or director.

SIGNATURE: *Lynn E. Rose* **Lynn E. Rose** **04-01-95** (407) 422-1574
Signature and typed or printed name of signing officer or director (Date) (Telephone)