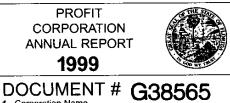
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999

1. Corporation Name DIAL-A-ROSE, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90171 021 \*\*\*150.00

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Principal Place	of Business	Mailing Address				KER HOLL BIEL	PPB31 AIAI1 3PB3		
1315 W 49TH S		1315 W 49TH ST	•						
HIALEAH FL 33		HIALEAH FL 33012							
						DO NOT WRITE IN THIS	SPACE		
~				<u> </u>		3. Date Incorporated or Qualifed	~		
		La Maillean Addana				05/12/1983 4. FEI Number		pplied For	
<u> </u>	ace of Business	2a. Mailing Address				59-2288877	_ <del>                                    </del>	ot Applicable	
21	4	26 Suite Apt # etc				39-2200011		Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		equired	
City & Stat	P	City & State				6. Election Campaign Financing	\$5.00	May Be	
23	•	28				Trust Fund Contribution		to Fees	
Žip	Country	Zip				8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	Agent		
				81	Name				
	PAS, GREGORY A			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	3 W 49 ST		•						
HIAL	EAH FL 33012			83				•	
				84	City		85 Zip	Code	
					•	FL			
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tutes, the a	bove	e-named corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing it intment as r	s registered - eaistered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505,	Florida Stati	utes.	. Corporatio	mro board of directors, ritorody decept and appr			
SIGNATURE								{	
	Signature, typed or printed name of registered a	,		Agent	t signature required	ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECT	ODS IN 12	
12.	PVT	AND DIRECTORS	13.	n F		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	PAPPAS, GREGORY A	<u> </u>	1.2 NA						
NAME	1313 W 49TH ST		1.3 STRE		ADDRESS				
STREET ADDRESS	HIALEAH FL		1.4 CITY-ST-2			*			
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TI		-21		Change	Addition	
NAME	PAPPAS, GREGORY A	2.2 N						.	
	1313 W 49TH ST				ADDRESS				
STREET ADDRESS	HIALEAH FL			ITY-SI				ļ	
CITY-ST-ZIP TITLE	SD	☐ DELETE	3.1 TI		,- Zn		☐ Change	Addition	
NAME	PAPPAS, MARIA E		3.2 N	AME					
STREET ADDRESS	1313 W 49TH ST				ADDRESS	•		-	
CITY-ST-ZIP	HIALEAH FL			ITY-S1	·				
TITLE	THE COLUMN TO THE	☐ DELETE	4.1 T				☐ Change	☐ Addition	
NAME			4.2 N	AME		•			
STREET ADDRESS			4.3 S1	TREET	ADDRESS	·	**	ļ	
CITY-ST-ZIP				TY-ST					
TITLE		☐ DELETE	5.1 TF			Annual of a garantee	Change	Addition	
NAME			5 2 N	AME.					
STREET ADDRESS			5.3 ST	FREET	ADDRESS				
CITY-ST-ZIP			54.0						
TITLE			0.4 01	TY-ST	[-ZIP				
		☐ DELETE	6 1 TF		r-ZIP		Change	Addition	
NAME		☐ OELETE		TLE	T-ZIP		Change	Addition	

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, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED

705-825-7673