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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # H03185** 

(6)

FILED Mar 28 1997 8:00am Secretary of State

T. Corporation Name C & E ROSSI, INC.  Principal Place of Business  Mitchell Bruce A.  1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901  MITCHELL BRUCE A.  1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901-4711								
					3. Date Incorporated or Qualified 05/11/1984		te of Last )1/1996	Report
	Place of Business	2a. Mailing Address			4, FEI Number 59-2415067		<b></b>	Applied For Not Applicable
Suite, Apt	#, etc.	26			5. Certificate of Status Desired		\$8.75	Additional
City & Sta	ite	City & State	<del></del>	<del></del>	6. Election Campaign Financing	····	·····	Required  May Be
7 <sub>(p)</sub>	Country	<b>28</b> Zip	Cou	untry	Trust Fund Contribution  8. This corporation has liability for	in•annible	Added	to Fees
4]	25	29	30	,,	Florida Statutes	Yes [	] No	5. 195.03£,
D.C.	9. Name and Address of Current	nt Registered Agent		81 Name	10. Name and Address of New Re	gistered	Agent	
REINMAN, JAMES L. 1825 S RIVERVIEW DRIVE MELBOURNE FL 32901					dress (P.O. Box Number is Not Acceptab	ole)		
				84 City	······································	FL	85 Zip	Code
11. Pursuan office or agent 1	it to the provisions of Sections 607,05 registered agent, or both, in the State am farmuar with, and accept the oblig	02 and 607.1508, Florida St e of Florida. Such change w pations of, Section 607.0505	atutes, the a vas authorize b, Florida Sta	bove-named cor d by the corpora tutes.	rporation submits this statement for the pation's board of directors. I hereby accept		changing ointment a	its registered is registered
SIGNATURI	OFFICERS AN		(NOTE Registere	ed Agent signature requ	rporation submits this statement for the pation's board of directors. I hereby acception of the pation's board of directors. I hereby acception of the patients of the patient	purpose of pt the app DATE		DRS IN 12
SIGNATURE 112. Thee Name Street address	PST ROSSI, CHARLES A., JR. 121 LANSING ISLE DRIVE INDIAN HARBOR BEACH FL	ord and tale if applicable.  ND DIRECTORS  DELETE	(NOTE Registere 13. 1.1 Ti 1.2 N 1.3 S 1.4 C	ed Agent signature requ	ured when reinstating)	purpose of pt the app DATE	DIRECTO	DAS IN 12
SIGNATURE  12.  THE  NAME SIRSELADORESS CITY-SE-ZIF THEE  NAME STREELADORESS	PST ROSSI, CHARLES A., JR. 121 LANSING ISLE DRIVE INDIAN HARBOR BEACH FL. VPD ROSSI, EDNA R. 121 LANSING ISLE DRIVE	ion and title if applicable.  ND DIRECTORS	(NOTE Registers  13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	ITLE  IAME  ITHEET ADDRESS  ITHY-ST-ZIP  IILE  IAME  IAME  IAME  IAME  IAME  IAME	ured when reinstating)	purpose of pt the app DATE	DIRECTO	DAS IN 12 Addition
SIGNATURE  12.  THE  NAME SIREELADORESS OTHES ADORESS OTHES ADORESS OTHES ADORESS OTHES ADORESS OTHES ADORESS	PST ROSSI, CHARLES A., JR. 121 LANSING ISLE DRIVE INDIAN HARBOR BEACH FL VPD ROSSI, EDNA R. 121 LANSING ISLE DRIVE INDIAN HARBOUR BEACH FL	ord and tale if applicable.  ND DIRECTORS  DELETE	(NOTE Registers  13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 I 3.1 T 3.2 N 3.3 S	ITLE  IMME  ITREET ADDRESS  ITTY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  ITTY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  ITTY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  ITTY-ST-ZIP  ITTEET  IAME  ITTEET ADDRESS	uted when reinstating) ADDITIONS/CHANGES TO OFFICE	purpose of pt the app DATE	DIRECTO	ORS IN 12 Addition Addition
SIGNATURE  12. THE NAME SIREELADORESS CITY-ST-ZIP THE NAME STREELADORESS CITY-ST-ZIP THE NAME STREELADORESS CITY-ST-ZIP THE NAME STREELADORESS	PST ROSSI, CHARLES A., JR. 121 LANSING ISLE DRIVE INDIAN HARBOR BEACH FL VPD ROSSI, EDNA R. 121 LANSING ISLE DRIVE INDIAN HARBOUR BEACH FL	POTENTIAL PROPERTY OF THE PROP	(NOTE Registers  13. 11.11 12.N 13.S 14.C 21.1 22.N 23.S 2.4 3.11 32.N 33.S 34.( 41.1 4.21 4.3.S	ITLE  JAME  JAME	uted when reinstating) ADDITIONS/CHANGES TO OFFICE	purpose of pt the app DATE	O DIRECTO Change	Addition  Addition
11. Pursuan office or agent 1 SIGNATURE  12. THUE NAME SIRSELADDRESS CHY-ST-ZIP	PST ROSSI, CHARLES A., JR. 121 LANSING ISLE DRIVE INDIAN HARBOR BEACH FL. VPD ROSSI, EDNA R. 121 LANSING ISLE DRIVE INDIAN HARBOUR BEACH FL.	D DIRECTORS  DELETE	(NOTE Registers  13. 11 TI 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T 4.2 T 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	ITLE  JAME  JAME	uted when reinstating) ADDITIONS/CHANGES TO OFFICE	purpose of pt the app DATE	D DIRECTO Change Change	Addition  Addition

4. I do hereby certify that the information supplied with this Iting 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of flusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if change or on an attackment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/20/97 407-768-9901