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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J09077

ROSE G	ROVE, INC.						
		14-10- Add			C 1083114-4141 08410 10114 80114 10041 1801 0	INII OLOIS BERLI DIDII DE	
Principal Place		Mailing Address					
529 VERSALILLES DRIVE 529 VERSALILLES DRIVE STE 200							
STE. 200 STE. 200 MAITLAND FL 32751 MIATLAND FL 32751					DO NOT WRITE IN T	THIS SPACE	
US US					3. Date Incorporated or Qualifed		
					04/14/1986		
2. Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Number	Apr	olied For
26		26			59-2664682	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	dditional
22		27	27		5. Certificate of Status Desired	Fee Red	quired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	Мау Ве
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29 30	5		Personal Property Tax.	Yes	□No
<u></u> -1	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
	GLETON, RALPH		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	versailles dr.			Oll Cot / total	(.e. box manual to met masspace,		
	#200		83				
MAIT	LAND FL 32751		-			85 Zip C	`ada
			84	City		FL 85 Zip C	,oue
office or reagent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligat	or Florida. Such change was autrions of, Section 607.0505, Florid	a Statutes	tne corporati	poration submits this statement for the purposon's board of directors. I hereby accept the a	ppomiment as reg	jistered
	Signature, typed or printed name of registered agent			t signature require	ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.	OFFICERS ANI	D DIRECTORS DELETE	13.		ADDITIONS/CHAINGES TO OFFICER	☐ Change	Addition
TITLE	PT WOODLY W.F.	- SECEIL	1.1 TITLE				
NAME	MCCULLY, W. E.	!	1.2 NAME				
STREET ADDRESS	1503 W SMITH ST.		1.3 STREET				ſ
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	1.4 CITY-ST	r-zip		Change	Addition
TITLE	VS	□ DECE IE	2.1 TITLE			Gridings	L_1,100.00.1
NAME	SINGLETON, RALPH D		2 2 NAME				
STREET ADDRESS	529 VERSAILLES DRIVE, #200		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		Chorno	Addition
TITLE	1		3.1 TITLE			☐ Change	
NAME			3.2 NAME				İ
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY- S	T-ZIP		Change	□ Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			□ Addition
TITLE		☐ OELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP			6.4 CITY-S	T-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, with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-644-9811 Date

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90102 012 ***150.00