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 # J27355

(3)

ROSE OF SHARON, INC.

FILED May 13 1997 8:00am Secretary of State

Principal Place o	of Business	Mailing Address			
1759 W FLETCHER AVENUE TAMPA FL 33612		1759 W FLETCHER AVER TAMPA FL 33612-1820	NUE		
				3. Date Incorporated or Qualified 08/06/1986	3a. Date of Last Report 05/01/1996
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u>,</u> 	26		59-2716924	Not Applicable
Sulte, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip ,	Country 25	7(p	Country 30	8. This corporation has liability for in Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
	ON DESTASIO, JUDITH A		81 Name		
12921 VERONICA			B2 Street Ad	ddress (P.O. Box Number is Not Acceptab	ole)
TAMPA	FL 33612		83		·
			84 City		FL 85 Zip Code
SIGNATURE	istered agent, or both, in the State of familiar with, and accept the obligation of replaced agent and accept the obligation of replaced agent and accept the obligation of replaced agent accept the obligation of the obligation o	in Alastasi	Editors, the above-hamed of s authorized by the corpo Florida Statutes. OTE Registered Agent signature re	orporation submits this statement for the pretion's board of directors. I hereby acception and the property acception to the property acception to the property acceptance of the property acceptance of the property accept	pt the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
	DEST	DELETE	1.1 THLE		Change Addition
	ISIO, JUDITH A C 12921 VERONICA		1.2 NAME 1.3 STREET ADDRESS		
	'AMPA FL		1.4 CITY- \$1-ZIP		
TITLE [DELETE	2.1 TITLE		Change Addition
NAME (CARLTON, SHARON MARIE		22 NAMI		
STREET ADDRESS 7	40 CRYSTAL LAKE ROAD		2 3 STREFT ADDRESS		
	UTZ FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME STORET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3.4. CITY - ST- 2IP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - 7IP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - 7/P 6.1 7/1LF		Change Addition
NAME		ا المراجع المر	6.2 NAME		change realion
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C(TY - ST - 2IP		

14. 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 or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.