

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

**FILED**

**May 01 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # J27355 (3)**  
1. Corporation Name  
**ROSE OF SHARON, INC.**



Principal Place of Business Mailing Address  
**1759 W FLETCHER AVENUE TAMPA FL 33612**      **1759 W FLETCHER AVENUE TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE

|   |                        |   |  |  |  |
|---|------------------------|---|--|--|--|
| 2. Principal Place of Business                  |                        | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br><b>08/06/1986</b> |  |
| 21 Suite, Apt. #, etc.                          | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2716924</b>  |  | Applied For<br>Not Applicable                          |  |
| 22 City & State                                 | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                       |  | <b>\$8.75</b> Additional Fee Required                  |  |
| 23 Zip Country                                  | 28 Zip Country         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees                     |  |
| 24 Zip  | 25 Country             | 29 Zip  |  | 30 Country   |  |
| g. Name and Address of Current Registered Agent |                        |   |  | 10. Name and Address of New Registered Agent           |  |

**CARSON DESTASIO, JUDITH A  
12921 VERONICA  
TAMPA FL 33612**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   |             |

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 this statement as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Print Name of Registered Agent and Date of Signature) \_\_\_\_\_ (Print Name of Registered Agent and Date of Signature)  
Signature \_\_\_\_\_ (Print Name of Registered Agent and Date of Signature) \_\_\_\_\_ (Print Name of Registered Agent and Date of Signature)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | DEST ASIO, JUDITH A C <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ASIO, JUDITH A C                                      | 1.2 NAME  |   |
| STREET ADDRESS             | 12921 VERONICA  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TAMPA FL  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CARLTON, SHARON MARIE                                 | 2.2 NAME  |   |
| STREET ADDRESS             | 740 CRYSTAL LAKE ROAD                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LUTZ FL   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-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.

*Judith A. Carson Destasio*      11-21-98      (912) 910-1891

CR2E034 (10/97)