## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	O WE LES	DIVISION OF	CORPORATI	ON	<b>1</b> S				
DOCUI 1. Corporation	MENT #	K08023	(9)							
ART V.	ROSET P.A.									
Principal Place	of Business		Mailing Address		_		-			
2001 PAN AM			2001 PAN AM CIR.							
SUITE 102			SUITE 102							
TAMPA FL 33 US	1607		TAMPA FL 33607 US				3. Date Incorporated or Qualified	3a. Date	of Last F	Report
							12/21/1987	04	/19/19	95
2. Principal Pla	ace of Business	F-	2a. Mailing Address				4. FEI Number 59-2864172			Applied For
Suite, Apt. 4	#, etc.		Suite, Apt. #, etc.						\$8.7	Not Applicable  5 Additional
22			27				5. Certificate of Status Desired			Required
City & State	•		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.0	00 May Be
Zip	Co	ountry	Zip	Country			8. This corporation has liability for it			ed to Fees s 199.032.
24	25		<u>.</u> 9	30		<del>.</del>	Florida Statutes Yes	□No		
<b> -</b>	9. Name and A	ddress of Current Re	gistered Agent	81	T	Name	10. Name and Address of New R	egistered A	gent	
ROSET,	arthur V.						ss (P.O. Box Number is Not Acceptable			
2001 PAN AM CIR				82		Street Addre	ss (P.O. Box Number is Not Acceptable	16)		
SUITE 10	-			83	1					
TAMPA F	-L 33607			84	1	City		FL	85 Z	ip Code
11. Pursuant to	o the provisions of	Sections 607.0502 and	607.1508, Florida Statute	es, the above-	nar	med corpora	tion submits this statement for the purp	nose of cha	naina its	registered office
or registere familiar wit	ed agent, or both, in h, and accept the c	n the State of Florida. S obligations of, Section 6	iuch change was authoriz 07.0505, Florida Statutes	ed by the corp ;	oora	ation's board	d of directors. I hereby accept the appo	ointment as	egistere	d agent. I am
SIGNATURE _		name of registered agent and til							W-17 - N. Bakker	
12.	signature typed or printed	OFFICERS AND DIF		TE: Registereo Age	nt S	gnature required v	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	ORS IN 12
TITLE	DPT		☐ DELETE	1. 1 TITLE					] Change	Addition
NAMÉ	ROSET, ARTH	iur V. Ide manor dr		1.2 NAME						
STREET ADDRESS CITY-ST-ZIP	TAMPA FL	IDE MARIOR DR		1.3 STREE						
TITLE	DVS		DELETE	2. 1 TITLE		<u>ar</u>			] Change	Addition
NAME	ROSET, HELE			2 2 NAME				_		
STREET ADDRESS	4102 WOODS TAMPA FL	IDE MANOR DR		2 3 STREE	I AD	DRESS				
CITY - ST - ZIP	MINTE		☐ DELETE	24 CHY-1		ŽIP			] Change	☐ Addition
NAME			<b>_</b>	3 2 NAME					Johango	[] ×100.001
STREET ADDRESS				33 STREE	T AE	ODRESS				
CITY-ST-ZIP TITLE			DELETE	34 CITY-5		ZIP			1 Chart	( ) 1/an
NAME			Пресене	4. 1 TITLE 4.2 NAME				L	) Change	☐ Addition
STREET ADDRESS				4.3 STREE	I AD	DRESS				
CITY-ST-ZIP				4.4 CITY-5	S1 - 2	ŽIP				
TITLE NAME			DELETE	5. 1 TIFLE					) Change	Addition
STREET ADDRESS				5.3 STREET	T AN	IDRESS				i
CITY-ST-ZIP				5.5 STITE						
TITLE			☐ DELETE	6. 1 TIFLE					Change	Addition
NAME CIRCLI ADDRESS				6.2 NAME						
STREET ADDRESS CITY-ST-ZIP				6.3 STREET 6.4 City - 5						
	certify that the info	ormation supplied with t	his filing is voluntarily furn				the exemption stated in Section 119.0	07(3)(k). Flor	da Statu	ites. 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.

SIGNATURE: CLUTTING VOCAT APPLIED V. ROSET 4-10-96 813-876-6167

CR2E034 (12/95)