

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

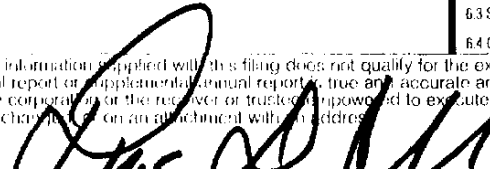
FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K39592 (6) 1. Corporation Name ROZELLE REALTY, INC.					
Principal Place of Business % DOUGLAS D. ROZELLE JR 223 SUNSET AVE STE 200 PALM BEACH FL 33480			Mailing Address % DOUGLAS D. ROZELLE JR 223 SUNSET AVE STE 200 PALM BEACH FL 33480		
2. Principal Place of Business 21 470 COLUMBIA DRIVE Suite, Apt. #, etc. 22 E 100 City & State 23 WEST PALM BEACH, FL Zip 24 33409		2a. Mailing Address 25 470 COLUMBIA DR. Suite, Apt. #, etc. 26 E 100 City & State 27 WEST PALM BEACH, FL Zip 28 33409		3. Date Incorporated or Qualified 10/13/1988 4. FEI Number 65-0078504 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent ROZELLE, DOUGLAS D. JR 223 SUNSET AVE STE 200 PALM BEACH FL 33480				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature of the president or officer responsible for filing this report (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE					
12. OFFICERS AND DIRECTORS TITLE D ☐ DELETE NAME ROZELLE, DOUGLAS D. JR STREET ADDRESS 223 SUNSET AVE STE 200 CITY-ST-ZIP PALM BEACH FL TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

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 of this report or on an attachment with my address.

SIGNATURE: 

CR2E034 (10/97)