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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K55831

(7)

1. Corporation Name

THE ROSE GROUP BUILDERS, INC.



Principal Place of Business

Mailing Address

% STAN ROSENBAUM
5 SHAWNEE TRAIL
ORMOND BEACH FL 32174

% STAN ROSENBAUM
5 SHAWNEE TRAIL
ORMOND BEACH FL 32174-4317

3. Date Incorporated or Qualified

12/29/1988

3a. Date of Last Report

02/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2924326

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBAUM, STAN
5 SHAWNEE TRAIL
ORMOND BEACH FL 32174

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME ROSENBAUM, STAN
STREET ADDRESS 5 SHAWNEE TRAIL
CITY-ST-ZIP ORMOND BCH FL

1.1 TITLE ☐ Change ☐ Addition

NAME ROSENBAUM, JO ANN

STREET ADDRESS 5 SHAWNEE TRAIL
CITY-ST-ZIP ORMOND BCH FL

1.2 NAME

NAME ROSENBAUM, JO ANN

STREET ADDRESS 5 SHAWNEE TRAIL
CITY-ST-ZIP ORMOND BCH FL

1.3 STREET ADDRESS

NAME ROSENBAUM, JO ANN

STREET ADDRESS 5 SHAWNEE TRAIL
CITY-ST-ZIP ORMOND BCH FL

1.4 CITY-ST-ZIP

TITLE VS ☐ DELETE

NAME ROSENBAUM, JO ANN
STREET ADDRESS 5 SHAWNEE TRAIL
CITY-ST-ZIP ORMOND BCH FL

2.1 TITLE ☐ Change ☐ Addition

NAME ROSENBAUM, JO ANN

STREET ADDRESS 5 SHAWNEE TRAIL
CITY-ST-ZIP ORMOND BCH FL

2.2 NAME

NAME ROSENBAUM, JO ANN

STREET ADDRESS 5 SHAWNEE TRAIL
CITY-ST-ZIP ORMOND BCH FL

2.3 STREET ADDRESS

NAME ROSENBAUM, JO ANN

STREET ADDRESS 5 SHAWNEE TRAIL
CITY-ST-ZIP ORMOND BCH FL

2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

NAME ROSSI, ANGELO
STREET ADDRESS 1711 STATE AVE.
CITY-ST-ZIP HOLLY HILL FL 32117

3.1 TITLE ☐ Change ☐ Addition

NAME ROSSI, ANGELO

STREET ADDRESS 1711 STATE AVE.
CITY-ST-ZIP HOLLY HILL FL 32117

3.2 NAME

NAME ROSSI, ANGELO

STREET ADDRESS 1711 STATE AVE.
CITY-ST-ZIP HOLLY HILL FL 32117

3.3 STREET ADDRESS

NAME ROSSI, ANGELO

STREET ADDRESS 1711 STATE AVE.
CITY-ST-ZIP HOLLY HILL FL 32117

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

4.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

5.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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 in an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-97

904-446-0346

CR2E034 (9/96)