<b></b>	ILE NOW: FILING FEE	AFTER MAY 1	IS \$225.00		
{ c	PROFIT CORPORATION ANNUAL REPORT  1996  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCI	UMENT # K569	42 (1)			
	CK ROSECRANS CONSTRUCT	• •			
Principal Pla	aco of During				
310 CA	Principal Place of Business Mailing Address 310 CANAL STREET 210 CANAL STREET			I HERLANN DOL ONNO BYING HAN	1 BYONE 1981 BYEN BYEN BYEN BYEN BYEN BYEN
NEW SI	MYRNA BEACH FL 32168	310 CANAL STREET NEW SMYRNA BEAG	CH FL 32168		
2 000				3. Date Incorporated or Qualified 01/10/1989	
1. 1	Place of Business	2a. Mailing Address		4. FEI Number	05/01/1995
— Oole, Ap	'44 GRACIE DRIVE t. #, etc.	26 43744 GRA Suite, Apt. #, etc.	CIE DRIVE	59-2924954	Applied For Not Applicab
City & Sta	ate	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 PAI	SLEY, FLORIDA Country	28 PAISLEY.	FLORIDA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
	767 . 25 HCA	Zip 29 32767	Country 30 USA	8. This corporation has liability to Florida Statutes Ye	r intangible tax under s 199.032
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	
ROS	ECRANS, RICHARD		, , , , ,		
310 (	CANAL STREET		82 Street Ac	ddress (P.O. Box Number is Not Accepta	ble)
NEW	SMYRNA BEACH FL 32069		83 43	744 GRACIE DRIVE	
*4 5			84 City	ATOLEY	85 Zip Code
or registe	to the provisions of Sections 607.0502 ar red agent, or both, in the State of Florida. ith, and accept the obligations of, Section	nd 607,1508, Florida Statutes Such change was authorized	the above-named corp	AISLEY  oration submits this statement for the out	
raminar w SIGNATURE	ith, and accept the obligations of, Section	607.0505, Florida Statutes.	by the corporation's bo	pard of directors. I hereby accept the app	pointment as registered agent. I am
	Signature, typied or printed name of registered agent and	title if applicable (NOTE	Registered Agent signature requ		
12. Tifle	OFFICERS AND D	INECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIOCOTORO IN 10
NAME	ROSECRANS, RICHARD	☐ DELETE	1 1 TITLE	D	Change Addition
STHEET ADDRESS	310 CANAL ST.	•	1.2 NAME	ROSECRANS, RICHARD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.3 STREET ADDRESS .	43744 GRACTE DRIV	· C
TITLE	D	☐ DELETE	2 1717LE	<del>*************************************</del>	43/44
NAME STREET ADDRESS	ROSECRANS, ANNABELLE M.		· 2.2 NAME	ROSECRANS ANNADEL	Change
HTY-ST-ZiP	310 CANAL ST. NEW SMYRNA BEACH FL		2 3 STREET ADDRESS	ROSECRANS, ANNABEL 43744 GRACIE DRIV	LE M. F
0. 2.	HEN OWITHIA DEACH FL		2 4 CITY - ST - ZIP	PAISLEY, FL	_ 43744
ITLE		C Delete			
ITLE AME		DELETE	3 1 TITLE		Change Addition
AME		☐ DELETE	3 2 NAME		- Change Addition
AME THEET ADDRESS TTY-ST-ZIP					Change Addition
AME THEET ADDRESS TY-ST-ZIP TLE		☐ DELETE	32 NAME 33 STREET ADDRESS		
AME THEET ADDRESS TY+ST-ZIP TLE			3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4. 1 TITLE 4.2 NAME		Change Addition
AME THEET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS			32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 4.1 TITLE 42 NAME 43 STREET ADDRESS		
AME IHEET ADDRESS IY-ST-ZIP ILE IME REET ADDRESS IY-ST-ZIP LE			3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4. 1 TITLE 4.2 NAME		☐ Change ☐ Addition
AME  IHEET ADDRESS  IY-ST-ZIP  L.E  MME  REEL ADDRESS  TY-ST-ZIP  LLE  MME  MME  MME  MME  MME  MME  MM		□ DELETE	3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 .1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.4 CITY - ST - ZIP		
AME  IHEET ADDRESS  1Y - ST - ZIP  L.E  IMME  REET ADDRESS  1Y - ST - ZIP  LE  ME  REET ADDRESS  REET ADDRESS		□ DELETE	3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 . 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.4 CITY - ST - ZIP 5 1 TITLE		☐ Change ☐ Addition
1		□ DELETE	3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4. 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5.2 NAME		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further carthy 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 signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

€2 NAME

3 STREET ADDRESS

SIGNATURE: \_

STREET & )DRESS

CITY-S/-ZiP

RICHARD ROSECRANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIGNATURE AND TYPED OR PRINTED P