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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K98487

(7)

SWEET ROSE CORPORATION

Principal Place of Business Mailing Address						, , , , , , , , , , , , , , , , , , , ,			
4040 N. SETH A HOLLYWOOD F		4040 N. 36TH AVENUE HOLLYWOOD FL 33021-1	919						
						3. Date incorporated or Qualified 06/28/1989		ate of Last Re 05/1996	eport
2. Principal P.	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26	:6			65-0183240 Not Applicat			
Suite, Apt. #, etc.		Suite, Apt. #, etc	–			5. Certificate of Status Desired		\$8.75 A	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Ζφ 24	Country 25	Ζ _(P)	30	intry			Yes [No	. 199.032,
	9. Name and Address of Curre	ent Registered Agent		ļ,		10. Name and Address of New Re	gistered	Agent	
	fati, david			81	Name				
) N. 36TH AVENUE LYWOOD FL 33021			82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		***************************************
				В3					
				84	City	10	FL	85 Zip (Code
office or n	to the provisions of Sections 607.05 ugistered agent, or both, in the Sta m familiar with, and accept the obti	te of Florida. Such chan ce was	authorize	d by	the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	ourpose o	f changing it pointment as	s registered registered
SIGNATURE									
	Signatus, typica or promiting a differential and a CVE LICE OC. A	gurt and title if applicable (NC ND DIRECTORS	TE: Registere	d Age	int signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DEPS AND	DIRECTOR	S IN 12
12.	D CHICENS A	DELETE	1,1 7	ITLE	 	ADDITIONS/CHANGES TO OFFIC	YELIO MIAE	Change	Addition
hame	AADEATI DAVED			1.2 NAME					
STREET ADDRESS	4040 N. 36TH AVENUE				ADDRESS				
CHTY - ST - ZIP	HOLLYWOOD FL			ITY-S					
TITLE		DELETE	2.1 T					Change	Addition
NAME			22 N	IAME					
STREET ADDRESS			235	TREET	ADDRESS				
C-1Y-S'-7IP			2 4 (CITY-S	ST-ZIP				
TITLE		DELETE	3.1 T	ITLE				Change	Addition
NAME			3.2 N	IAME					
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CITY - ST- ZIP			3.4. (CITY-	ST-ZIP				
THE		☐ DELETE	4.1 1	ITLE				L Change	Addition
NAME			4.21	NAME					
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TIME		☐ DELETE	5.1 %					Change	Addition
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STREET ADORESS					ADDRESS	·			
CHY-ST ZIF		T Brisse			SY-ZIP			T 05	faditis -
T-TLF		☐ DELETE	611]			Change	Addition
NAME				IAME]				
STREEL ACIDRESS			635	TREET	ADDRESS				

6.4 CITY-ST-ZIP

14. Let 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.

FILED

Feb 25 1997 8:00am

Secretary of State