1-18-95 B-0117 NC

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:17

DOCUMENT # L50486 (4)

1. Corporation Name

ROSINCO, INC.

Principal Place of Business	Mailing Address
% ROSEMARY PERRY 1108 COUNTRY CLUB CR N PALM BEACH FL 33408	% ROSEMARY PERRY 1108 COUNTRY CLUB CR N PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1990
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0180624 — 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

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

PERRY, ROSEMARY
1108 COUNTRY CLUB CR
N PALM BEACH FL 33408

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PERRY, ROSEMARY
STREET ADDRESS	1108 COUNTRY CLUB CR
CITY-ST-ZIP	N PALM BCH FL
TITLE	VTD
NAME	MOSKAL, CATHERINE
STREET ADDRESS	3119 SPRUCE AVE.
CITY-ST-ZIP	WEST PALM BCH. FL
TITLE	V
NAME	CABANAS, DOROTHEA
STREET ADDRESS	1108 COUNTRY CLUB CIR
CITY-ST-ZIP	N PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ 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)(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.

SIGNATURE: *[signature]* - CATHERINE MOSKAL 1/10/95 (407) 844-9273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0247410 CP