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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 22 1997 8:00am
Secretary of State

1997	7	DIVISION C	OF CORPOR	ATIC	DNS		5001011	ar y		raco
DOCUMEN 1. Corporation Name ROSI, INC.	⊤# L96341	(7)					PARTURUI DIO HOMB DYIBR WINI DIRDI HIDI			I afa it (84)
Principal Place of Busin	* D & O	Mailing Address						31817 3 1811 31	8	i Pin ii i ni i
P. O. BOX 7127 JUPITER FL 33468	HESS	P. O. BOX 7127 JUPITER FL 33468-7127								
							Date Incorporated or Qualified 08/24/1990		te of Last F 4/1996	Report
2. Principal Place of B	usiness	2a. Mailing Address	2a. Mailing Address				FEI Number	<u> </u>		pplied For
1		26					65-0226115			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc				5.	Certificate of Status Desired			Additional equired
City & State		City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 4	Zip Country 25		Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	me and Address of Curre	29 nt Registered Agent		Π			Name and Address of New Re			
TEQUESTA	FL 33469			83 84	City				85 Zip	Code
11. Pursuant to the prooffice or registered	ovisions of Sections 607.050 diagent, or both, in the State	02 and 607.1508, Florida Sta of Florida, Such change wi	atutes, the a as authorize	bovi id by	e-named co the corpor	rporation ration's b	n submits this statement for the poard of directors. I hereby accep	FL ourpose of pt the appo	changing pintment ar	its registered registered
agent I am familia SIGNATURE	ar with, and accept the oblig	ations of, Section 607.0505,	, Florida Sta	tutes	S.					
				Registered Agent signature requ				DATE	DIDECTO	50 151 45
iz.	OFFICERS AN	DELETE	13.	IT: E		Α	DDITIONS/CHANGES TO OFFIC	JERS AND	Change	
	INHA, FRANK, JR.	La Section		IAME	}					112000
	HARBOR RD. SO.				ADDRESS					
	ESTA FL				T-ZIP					
TITLE VD	· -			2.1 TITLE					Change	Addition
	IAM, WESLEY		2.2 N	IAME						
11.15	LD DIXIE HWY.				ADDRESS					
	ER FL	□ DELETE			ST-ZIP				Change	Additio
TITLE STD NAME RATH	IKE, RICHARD C.	U DECERT	3.1 T 32 N						TT CHANGE	L.J AUDIU
	ike, niufianu u. I. A1A				ADDRESS					
	ER FL		1		ST-ZIP					
TITLE		DELETE	4.1 T						Change	Additio
NAME			4.2	NAME						
STREET ADDRESS			438	TREFT	ADDRESS					

6.4 CITY-ST-ZIP

14. If 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 12 or Block 13 if changed, or organ attachment with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

THLE

NAME

TITLE

NAME

JULY SUR ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

13-JAN97

56 / 7 46 - 9 4 / / Daylime Phone #

Change

Change

Addition

Addition