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
95 JUL 31 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M77855** **(8)**

1. Corporation Name
ROSSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9958 RAMBLEWOOD DRIVE CORAL SPRINGS FL 33071	9958 RAMBLEWOOD DRIVE CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1988
3a. Date of Last Report: 07/28/1994

2. Principal Place of Business
21: 1501 SE 15TH CT.
Suite, Apt. #, etc. 22: 305
City & State 23: Deerfield Beach FL
Zip 24: 33441 County 25:

2a. Mailing Address
26: 1501 SE 15 ~~AVE~~ CT.
Suite, Apt. #, etc. 27: 305
City & State 28: Deerfield Beach FL
Zip 29: 33441 County 30:

4. FEI Number: 65-0050934 ☐ 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

ROSSON, CONRAD, L
9958 RAMBLEWOOD DRIVE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: Rosson Conrad L.
82 Street Address (P.O. Box Number is Not Acceptable): 1501 S.E. 15 ~~AVE~~ CT.
83: APT 305
84 City: Deerfield Beach FL 85 Zip Code: 33441

11. Pursuant to the provisions of Section 607.0502 and 607.1506, 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: _____ 7-25-95
(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	DPS	11 TITLE	☐ Change ☐ Addition DPS
NAME	ROSSON, CONRAD	12 NAME	ROSSON CONRAD
STREET ADDRESS	9958 RAMBLEWOOD DR	13 STREET ADDRESS	1501 SE 15 CT APT 305
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	DEERFIELD BEACH FL 33441
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 above/on attached or on an attachment with an address.

SIGNATURE: _____ 7-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0113020 CP