

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

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**Mar 18 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # M92003 (6)**

1. Corporation Name:  
**ROSIE ASSOCIATES, INC.**



Principal Place of Business: **5 SHAWNEE TRAIL ORMOND BEACH FL 32174**  
Mailing Address: **5 SHAWNEE TRAIL ORMOND BEACH FL 32174-4317**

2. Principal Place of Business: [21] State, Apt. #, etc.; [22] City & State; [23] Zip; [24] Country  
2a. Mailing Address: [26] Suite, Apt. #, etc.; [27] City & State; [28] Zip; [29] Country

3. Date Incorporated or Qualified: **08/01/1988**  
3a. Date of Last Report: **02/20/1996**  
4. FEI Number: **59-2902588**  
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:  
**ROSENBAUM, STANLEY H.  
5 SHAWNEE TRAIL  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PT ROSEBAUM, STAN</b>	1.2 NAME	
STREET ADDRESS	<b>5 SHAWNEE TRAIL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP ROSENBAUM, JOANN P</b>	2.2 NAME	
STREET ADDRESS	<b>5 SHAWNEE TRAIL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSI, ANGELO</b>	3.2 NAME	
STREET ADDRESS	<b>1711 STATE AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYHILL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I declare by certifying that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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; and 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, as applicable, or on an attachment with an address.

SIGNATURE: **X** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **STAN ROSENBAUM**  
Date: **3-12-97**  
Daytime Phone #: **904 446-0346**

CR2E034 (9/96)