FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90148 029 ****61.25

DOCUMENT # N9300001796

Corporation Name

THE ROSE GARDEN REPERTORY INC.

Principal	Place of	Business

1611 N.E. 51 ST. FT. LAUDERDALE FL 33334 Mailing Address

1611 N.E. 51 ST.

FT. LAUDERDALE FL 33334

2. Principal P	Place of Business 2a. Mailing Address			3. Date incorporated or Qualifed							1
21	26				04/21/1993						
Suite, Apt.	ot. #, etcSuite. Apt. #, etc			A LEE! Number				<u> </u>	plied For	1	
22	27					65-04105	23			t Applicable	-
City & Stat	9	City & State	City & State			5. Certificate of Status Desired			•	\$8.75 Additional Fee Required	
23		28						 		·	┨
Zip	Country	Zip	Country	<i>!</i>	€	6. Election Car		D Pr	\$5.00	•	
24	25		30			Trust Fund (u Pogietoros	Added t	o rees	1
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							Agent		1		
81 Name											
	G, CHRISTINE S		82	Street /	Address	(P.O. Box Num	ber is Not Acce	eptable)	V (1)		
1611 N.E.			83								1
FT. LAUDI	erdale fl. 33334		03]
•	•		84	City				FI	85 Zip (Code	Ì
44	,	20500 J.047.4500 Fl. 14- Ot-14-	- 45 5			an ar harita thia	ctatoment for			registered	┨
office or r	egistered agent, or both, in the S	7.0502 and 617.1508, Florida Statute State of Florida. Such change was au	ithorized by	the corpo	corporation's	on submits this board of direct	ors. I hereby ac	cept the appo	ointment as re	gistered	
agent. I a	m familiar with, and accept the o	obligations of, Section 617.0503, Flor	ida Statutes	S .		- 0	·	عند ر			Ι.
SIGNATURE		AUGTE.	Registered Age	-4 -1t		n spinotatina)		DATE			ء ا
12.	Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE:	13.	ni signature n	edotteo wiss		CHANGES TO		ND DIRECTO	RS IN 12	∣ĕ
TITLE	VSD	DELETE	1.1 TITLE		VSI				Change	Addition	1 5
NAME	STEINBERG, LISA		1.2 NAME	ļ	100	A STEIL	UBERG	-LAU	e ne	1	2
STREET ADORESS	25 S.E. 11 ST.	•		TADDRESS	LISA STEINBERG-LAW					-	6
	FT. LAUDERDALE FL 33310	6	1.4 CITY-5		ET		DFL		316		5
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE	,1-2.1					Change	☐ Addition	2
NAME	STEINBERG, DAVID M										1
STREET ADDRESS				TADDRESS							
CITY-ST-ZIP				ST-ZIP							
TITLE	PD	☐ DELETE	3.1 TITLE						☐ Change	☐ Addition]
NAME			3.2 NAME]					٠.	
STREET ADDRESS			3.3 STREE	TADDRESS					7.		}
CITY-ST-ZIP	FT. LAUDERDALE FL 3333	4	3.4. CITY-	ST-ZIP]
TITLE		☐ DELETE	4.1 TITLE						Change	Addition	
NAME	,	,	4. 2 NAME	.						•	,
STREET ADDRESS			4.3 STREE	T ADDRESS					•	<i>y.</i> *	1
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				<u>.</u>]
TITLE		☐ DELETE	5.1 TITLE						☐ Change	Addition	Į
NAME	,		5.2 NAME					,	•		1
STREET ADDRESS			5.3 STREE	TADDRESS				,		•	
CITY-ST-ZIP	-		5.4 CITY-5	ST-ZIP			· ;	, ,			1
TITLE	,	☐ DELETÉ	6.1 TITLE			-			☐ Change	. Addition	
NAME			6.2 NAME					.•	•		
STREET ADDRESS			6.3 STREE	T ADDRESS	[
CITY-ST-ZIP	,		6.4 CITY-5	ST-ZIP				, ,]

4. I 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all given like empowered.

SIGNATURE:

4/9/99 (954)176-586