**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # P33187**

1. Corporation Name

ROSE INFORMATION MANAGEMENT SERVICES, INC.

Principal Place of Business 4220 NW 94TH AVE

Mailing Address

4220 NW 94TH AVE

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90160 036 \*\*\*150.00



US	US US			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				03/14/1991		
-10000	lace of Business	2a. Mailing Address	771646	4. FEI Number 65-0250238	<del></del>	olied For
21 9385 W. Attantic Blud 26 PO Box 771646  Suite, Apt. #, etc.  Suite, Apt. #, etc.				00-0200230		Applicable
22 Suite, Apt.	#, etc.	27		5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & State  City & State			inas El	6. Election Campaign Financing	\$5.00	
23 COYO	1 Springs FC	28 CAYAI SPY	country -	Trust Fund Contribution	Added to	rees
Zip 24 330	71 25 USA	29 336 77 36	¬ ¯ ¯ ¯ ~ Λ	This corporation owes the current year Ir     Personal Property Tax.	Yes	⊠v₀
	9. Name and Address of Current f	10. Name and Address of New Registered	I Agent			
LOCKWOOD, JULIE E				Julie E. Locke	0 ه ٥ لد	
				ddress (P.O.,Box Number is Not Acceptable)	V 40	
CORAL SPRINGS FL 33065				85 W. Atlantic DI	<u> </u>	
	•		63	_		
			84 City	ral Sorings Fl	L 85 Zip C	ode 071
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 biligations of, Section 607.0505, Florida Statutes.						
οπιςe or r agent. I a	egistered agent, or both, in the state of m familiar with, and accept the soligatio	ne of, Section 607.0505, Florida	a Statutes	ation's board of directors. Thereby accept the appo	Millinent as reg	JISTO OU
SIGNATURE DUCE C DOCKWOOL JUILE K. LOCKWOOD						
	Signature, typed or printed name of registered agent as		egistered Agent signature requ		ND DIDECTO	DC 151 40
12.	P(DS)	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition
TITLE NAME	LOCKWOOD, JULIE E.		1.2 NAME			
STREET ADDRESS	1900 COLONIAL DRIVE		1.3 STREET ADDRESS			Į
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME			į
STREET ADDRESS			2.3 STREET ADDRESS			}
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<u> </u>		
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME	•		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			_ <u>=</u>
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
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TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		Change	Addition Addition
NAME			5.2 NAME 5.3 STREET ADDRESS			[
STREET ADDRESS			5.4 City-St-ZiP			
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change	Addition
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NAME CTOPET ADODESE			6.3 STREET ADDRESS			
STREET ADDRESS			6.4 CiTY-ST-ZiP	•		ŀ
LIIT-SI-ZIP [			· • ·			

14. 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 of supplemental annual report is tree 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 eddress, with all other like empowered.

SIGNATURE: