

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

FILED  
Apr 17 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 # **P40159** (6)

1. Corporation Name  
**THE ROSIE PADDLEBOATS, INC.**

Principal Place of Business

**1083 BALD EAGLE DRIVE  
1556 W. 43 ST.  
MARCO ISLAND FL 33937  
US**

Mailing Address

**% ASHLAND COLD STORAGE COMPANY  
1556 W. 43 ST.  
CHICAGO IL 60608-3328**



3. Date Incorporated or Qualified <b>08/24/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>36-3479570</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EBERLIN, GERALD J.  
997 N. COLLIER BOULEVARD  
SUITE K  
MARCO ISLAND FL 33937**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

(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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	DELETED	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	DELETED	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	DELETED	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	DELETED	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	DELETED	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	DELETED
	CDP			<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
	ROSE, W.R.	65 S. BARRINGTON ROAD	S. BARRINGTON IL																															
	V			<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
	SCHERER, GARY E.	1556 W 43RD STREET	CHICAGO IL																															
	ST			<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
	VANDENBERGH, H.J., JR.	65 S. BARRINGTON ROAD	S. BARRINGTON IL																															
				<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

**H.J. VANDENBERGH JR**

**4/14/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, mo, Yr one #

0482720

CR2E034 (9/96)