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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200005614 (2)

Country

9. Name and Address of Current Registered Agent

of I Near

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**NEAL, MARILYN** 

5918 GOLDEN RD

CERDING EL 22072

ROSE TAVERNS, INC.

Principal Place of Business 7111 E THOMAS RD SCOTTSDALE AZ 85251

2. Principal Place of Business

Suite, Apt. #, etc.

**SIGNATURE:** 

City & State

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Mailing Address

7111 E THOMAS RD SCOTTSDALE AZ 85251

2a. Mailing Address

City & State

 $Z_{\rm ID}$ 

Suite, Apt. #, etc.

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## **FILED** Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

☐ Yøs

7/98 941-385-3274

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

11/16/1992 4. FEI Number

65-0368096

6. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

82 Street Address (P.O. Box Number is Not Acceptable)

OCDANIAG VE SSO/2			L_	L				
			83					
			84	City		85	Zip C	ode
	<del></del>		Ļ		<u>FL</u>	LL.		
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, and accept the oblightons of, Section 607.0505, Florida Statutes.								
SIGNATURE And Delect Superior of period consent from the following control (the diagnosis to be supported agent and the diagnosis to be supported agent agent and the diagnosis to be supported agent								
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS	IN 12
TITLE	<u> </u>	DELETE	1 1 TITLE			Char	nge	Addition
NAME	NEAL, MARILYN J		1.2 NAME					
STREET ADDRESS	7111 E THOMAS RD		1,3 STREET	ADORE	ss			
CITY-ST-ZIP	SCOTTSDALE AZ		1.4 CITY - S	T- ZIP				
TITLE	0	☐ DELETE	2.1 TITLE		· ·	☐ Char	nge	☐ Addition
NAME	NEAL, RICHARD E	4	2 2 NAME					,
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CITY-ST-ZIP	SCOTTSDALE AZ		2. 4 CITY-1	ST- ZIP				
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NAME			S 2 NAME					
STREET ADDRESS			3 STREET	ADDRES	38			1
CITY-ST-ZIP			5.4 C <u>ITY - S</u>	T-ZIP				]
14. Thereby 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 arranged 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 ompowered 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.								

Country

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