


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

FILED

May 06 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 # P93000002039 (4) 1. Corporation Name ROSEBUD DESIGNS, INC.			
Principal Place of Business 1401 SOUTHWEST 10TH AVENUE POMPANO BEACH FL 33069		Mailing Address 1401 SOUTHWEST 10TH AVENUE POMPANO BEACH FL 33069-4601	
2. Principal Place of Business 21 1020 ROBERTS LANE Suite, Apt. #, etc. 22 City & State 23 HIGH POINT, NC Zip 24 27260		2a. Mailing Address 26 1020 ROBERTS LANE Suite, Apt. #, etc. 27 City & State 28 HIGH POINT, NC Zip 29 27260	
3. Date Incorporated or Qualified 01/06/1993		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0383118		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 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			
9. Name and Address of Current Registered Agent ROSENWEIG, BRUCE 1401 SOUTHWEST 10TH AVENUE POMPANO BEACH FL 33069		10. Name and Address of New Registered Agent 81 Name LEONA SCHWARTZMAN 82 Street Address (P.O. Box Number is Not Acceptable) 1741 NW 104 AVENUE 83 84 City PLANTATION FL 85 Zip Code 33322	
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 LEONA SCHWARTZMAN LEONA SCHWARTZMAN 4/28/97 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSENWEIG, BRUCE 9388 LAKE SERENA DR. BOCA RATON FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P.D. ROSENWEIG, BRUCE 3904 OAK HOLLOW CT. HIGH POINT, NC, 27265
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	VD ROSENWEIG, ELLEN 9388 LAKE SERENA DR. BOCA RATON FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	P.D. ROSENWEIG, ELLEN 3904 OAK HOLLOW CT. HIGH POINT, N.C. 27265
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: ER Ellen Rosenzweig <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/28/97 (912) 854-0007 <small>Date Daytime Phone #</small>	

CR2E034 (9/96)