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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000012302 (4)

ROSEMARIE APARTMENTS OF POMPANO, INC.

FILED Apr 21 1997 8:00am Secretary of State



	ice of Business	N	Mailing Address 5855 N.W. 42ND WAY BOCA RATON FL 33496-2743				I TERNIARI WE LAKER WITH GAIN ROWN BRING BRID INDIA MADE NICH BRIDE NICH BRIDE NO. 1001			
5855 N.W. 47 BOCA RATO	2ND WAY NI EL 32496									
BOOK RATO	N TC 30430	·	OON HATOW I'E W	700 67 70			Date Incorporated or Qualified 02/12/1993		e of Last 2/1996	
2. Principal	Place of Business	28	. Mailing Address				4. FEI Number	1		pplied For
21]		26					65-0393531			lot Applicab
Suite, Ap	ıl.#, etc. ●	27	Suite, Apt. #, etc).			5. Certificate of Status Desired			Additional Required
City & St	ale		City & State				6. Election Campaign Financing			May Be
3	·· ··	28					Trust Fund Contribution			I to Fees
Ziρ	Country		Zip	Coi	untry		8. This corporation has liability for in	tangible t	ax under	s. 199.032,
4	25	29		30				Yes 🗌		
	9. Name and Address o	f Current Regi	stered Agent		1		10. Name and Address of New Reg	istered A	gent	
	Asparri, angelo s				81	Name				
58		82 Street Ac		ddress (P.O. Box Number is Not Acceptable)						
BC	OCA RATON FL 33480				83					
									···	
					84	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of reg	gistered agent and Itil	e if applicable	(NOTE Registere			porain supplies this statement for the po- tion's board of directors. I hereby accept and when reinstaling)	DATE		
12.	OFFIC	ERS AND DIRE		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
	D		DELET!						Change	Additi
NAME	GASPARRI, ANGELO S	;	☐ DELETI	1.2 N	IAME				Change	Addin
NAME STHEET ADDRESS	GASPARRI, ANGELO S 5855 NW 42ND WAY	;	[] DECETI	1.2 M	iame Street	ADORESS			Change	□ Addib
NAME STHEET ADDRESS CITY-ST-ZIF	GASPARRI, ANGELO S			1.2 M 1.3 S 1.4 C	IAME STREET CITY-S					
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I. 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 suppliemental 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 807, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on an attachment with an address.

SIGNATURE

NG OFFICER OR DIRECTOR

4-12-97

561-484-7112