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FILED
May 20 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 # P93000031634 (7)

1. Corporation Name
ROSE & ROSE ASSOCIATES, INC.



Principal Place of Business
4801 S. UNIVERSITY DRIVE
#300W
DAVIE FL 33326
US

Mailing Address
4051 SW 72ND TERRACE
DAVIE FL 33314-3176

3. Date Incorporated or Qualified **04/29/1993** 3a. Date of Last Report **07/30/1996**
 4. FEI Number **65-0445820** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
KROLCZYNSKI, DIANE R
4051 SW 72ND TERRACE
DAVIE FL 33314

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 *Tamara Rose* Signature, typed or printed name of registered agent or, if applicable, (NOTE: Registered Agent signature required when appointing) DATE **4-11-97**

12. OFFICERS AND DIRECTORS
 TITLE **D PRESIDENT** DELETE
 NAME **KROLCZYNSKI, DIANE R**
 STREET ADDRESS **4051 SW 72ND TERRACE**
 CITY-ST-ZIP **DAVIE FL 33314**
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 TITLE **VICE PRESIDENT** Change Addition
 12 NAME
 13 STREET ADDRESS **TAMARA LYNN ROSE**
 14 CITY-ST-ZIP **4051 SW 72 TER**
DAVIE, FL. 33314 Change Addition
 21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP
 31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP
 41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP
 51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP
 61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 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 *Tamara Rose* **4-17-97 (954)**
4-17-97 4:24 PM 56

CR2E034 (9/96)