## 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 #

1. Corporation Name

TITLE

NAME STREET ADDRESS P93000036847 (0)

**GREEN ROSE PRESS, INC.** 

Principal Place of Business Mailing Address										
3116 N. FEDERAL HWY STE. 184 LIGHTHOUSE POINT FL 33064				3116 N. FEDERAL HWY., STE. 184 LIGHTHOUSE POINT FL 33064			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
	_	_					05/21/1993			
2. P	ri <b>nci</b> pal Place	of Business	2a, Mailing Addr	ess			4. FEI Number	A	pplied For	
21			26				65-0415084	N-	ot Applicable	
22 22	Suite, Apt. #, etc. Suite, Apt. #, etc.			elc.			5. Certificate of Status Desired	<b>+</b>	Additional equired	
	City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23	•		28				Trust Fund Contribution		to Fees	
	ip.	Country	Zip	Cou	intry		8. This corporation owes or has paid the cur			
24		25	29	30					] No	
	9,	Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registered	Agent		
	(III RS	RT RIVARD, ANDREA			81	Name				
1300 SW 7TH AVE.						Strant Addro	ss (P.O. Box Number is Not Acceptable)		<del> </del>	
DEERFIELD BEACH FL 33441					82	Street Addres	ss (F.O. Box Number is Not Acceptable)			
DECMPELD DEAGN PL 33441										
					84	City	FL	85 Zip	Code	
11.	Pursuant to the	provisions of Sections 607.0	0502 and 607.1508, Florid	a Statutes, the a	bove	e-named corpo	oration submits this statement for the purpose of	changing i	its registered	
	office or registe	ered agent, or both, in the Sta niliar with, and accent the ob-	ale of Horida, Such chan Jigations of Section 607.	ge was authorize 0505, Florida Stat	d by	the corporatio	on's board of directors. I hereby accept the app	ointment as	registered	
	-	tillian total, and accept inc two	agailoris di, decilori doz.	0505, 1 10/108 5(0)	(Groc					
SIGI	NATURE Signat	ture typed or printed herne of registered	agent and title it applicable	(NOTE: Registere	d Age	ent signature required	d when reinstating) DATE			
12.		OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE		PC DELETE		LETE 1.1 TI	7LE			☐ Change	Addition	
NAME	AME GILBERT RIVARD, ANDREA		EA	1.2 N	AME	}				
STREET ADDRESS 1300 SW 7TH AVE.				1.3 \$1	1.3 STREET ADDRESS					
CITY-ST-ZIP DEERFIELD BEACH FL 3344			3441	1.4 CI	1.4 CITY-ST-ZIP					
TITLE		ADMA	DE	LETE 2.1 Tr	2.1 TITLE			Change	Addition	
NAME	ME GILBERT, JOHN			2.2 N	AME					
STREE		27205 CORNELL ST.		2.3 \$1	TREET	ADDRESS				
CITY-	HEMET CA 92544			2.40	ITY-S	ST-ZIP				
TITLE	ASTC		☐ DE	LETE 31T)	3 1 TITLE			Change	Addition	
NAME		GILBERT, DORA		3.2 N	AME					
STREE		27205 CORNELL ST.		3.3 \$1	IREET	ADDRESS				
CITY-	ST-ZIP	HEMET CA 92544		3.4.0	HY-9	ST-ZIP				
TITLE			DE	LETE 4.1 To	1LE			Change	Addition	
NAME				4. 2 N	IAME					
STREE	T ADDRESS			4.3 ST	TREET	ADDRESS				
	ST-ZIP			4,4 CI	ITY-S	I - ZIP				
TITLE			□ DE					Change	Addition	
NAME	.			5.2 N	AME					
STREF	T ADDRESS			5.3 S	TREET	ADDRESS				
i	ST-7IP			•		T-ZIP				

14. 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 trusted 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.

63 STREET ADDRESS 6.4 CITY-ST-ZIP

6 1 TITLE 62 NAME

DELETE

Addition

**FILED** 

May 11 1998 8:00am

Secretary of State

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