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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 09 1997 8:00am

Secretary of State

Rosann Kurtz 4/197 (940 377-7041

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000040010 (9)

MOSE & ROSE, INC.

Principal Place of Business

**SIGNATURE** 

5401 SAWGRAS SARASOTA FL		5401 SAWGRASS RD. SARASOTA FL 34232-2318						
US		US			3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 03/26/1996	i	
2. Principal Pi	ace of Business	2a. Mailing Address		····	4. FEI Number	Applied	i For	
21		26			65-0418270	Not App	plicable	
Suite, Apt. #, etc.		Suite, Apt, #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stale	)	City & State		*	6. Election Campaign Financing	\$5.00 мау		
<b>23</b> 7ιρ	Country	28	Country			Added to Fee		
24	25	\ '	30			8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Cu		<u> </u>	***********	10. Name and Address of New Regi			
KUR	tz, maurice		81	Name				
	SAWGRASS RD.		82	Street	Address (P.O. Box Number is Not Acceptable	<u></u>		
	ASOTA FL 34232		02	Sueer	Nucleos (F.O. DOX Hullings Is 1901 Acceptable	,		
			63					
			84	City		85 Zip Code	, —	
						FL		
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	Signarive Typed or printed name of registere	d agent and little if and cable (MOTC: P	sostered An	nt eignatura	e required when reinstating)	DATE		
12.		AND DIRECTORS	13.	i i aigi iatule	ADDITIONS/CHANGES TO OFFICE		12	
TITLE	D	DELETE	1 1 TITLE				Addition	
NAME	KURTZ, MAURICE		1.2 NAME			,		
STREET ADDRESS	1010 COLEMAN AVE		1.3 STREET	ADDRESS	5401 Sawgrass Re Sarasota, FL 342	ý.		
C-TY - ST - ZIP	SARASOTA FL 34232		1.4 CITY-S	T-ZIP	Sarasota, FL 342	3 <b>2</b>		
TiTLE	D	DELETE	2.1 TITLE			Change	Addition	
NAME	KURTZ, ROSANN		22 NAME					
STREET ADDRESS	5401 SAWGRASS RD.		2 3 STREET	ADDRESS		***		
C/TY - ST - ZIP	SARASOTA FL		2 4 CITY-ST-ZIP				A 1 P21	
TILLE			3.1 TITLE			L Change	Addition	
NAME			3.2 NAME				1	
STREET ADDRESS			3.3 STREET				ļ	
CHY-ST-7IP TITLE		DELETE	3.4 CITY-:	51 - ZIP		Change	Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADORESS				
City - St - ZiP			4.4 CITY - S					
TITLE		☐ DELETE	5.1 TITLE		<del> </del>	Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-7IP			5.4 CITY-9	T-ZIP				
TITLE		☐ DELETE	61 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CHY-S1-ZIP			6.4 CITY-S					
14. I do heret informatio	by certify that the information sup in indicated on this annual recort	plied with this filing does not qualify f or supplemental annual report is true	or the exe	mption surate and	stated in Section 119.07(3)(i), Florida Statutes. If that my signature shall have the same legal (	I further certify that the effect as if made under o	ath; that	
laman of	fficer or director of the corporatio		ed to exec		report as required by Chapter 607, Florida Sta			