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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9300050584 (0)

ROSENBERG PURCHASING, INC.

FILED Apr 25 1997 8:00am Secretary of State



Delegate of Disease		Mailian Address					i 18iui B illi T	HU! 1441 198	
Principal Place of Business Mailing Address 4207 SOUTH FLAGLER DRIVE 4207 SOUTH FLAGLER DR				VE		}			
4207 SOUTH FLAGLER DRIVE 4207 SOUTH FLAGLER D WEST PALM BEACH FL 33405 WEST PALM BEACH FL				,					
						3. Date incorporated or Qualified 07/11/1993		le of Last F 10/1996	Report
	lace of Business	2a. Mailing Address			. 	4. FEI Number	·	Aı	oplied For
1 1907	S. Dixie Highway	26			65-0414886		N	ot Applicab	
Suite, Apt 2		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	Palm Boxh FL	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip		untry		8. This corporation has liability for			. 199.032,
334		29	30	7			Yes [
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Re	gistered A	gent	
	VPMAN, VIRGINIA			61	ivarne				
4207 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33405				82 Street A		ess (P.O. Box Number is Not Acceptab	ele)		
				B3					
				64	City		FL	85 Zip	Code
office or re agent. Lai SIGNATURE						oration submits this statement for the p ion's board of directors. I hereby accep		ointment as	registered
2.	Signature, typied or printed name of registered age OFFICERS ANI		DTE Registere	d Agen	t aignature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DAYE EQC AND	NDECTOR	C IN 12
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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 glock 13 if changed, or one at attachment with an address.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAPMAN

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