

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P93000051667 (2)

1. Corporation Name

ROSE MIXING, CO.

Principal Place of Business

802 W OAK STREET  
KISSIMMEE FL 34741

Mailing Address

802 W OAK STREET  
KISSIMMEE FL 34741



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

ROBERTS, MICHAEL S MD  
802 W OAK STREET  
KISSIMMEE FL 34741

3. Date Incorporated or Qualified  
07/23/1993

3a. Date of Last Report  
08/10/1995

4. FEI Number

59-3185798

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

10. Name and Address of New Registered Agent

81 Name

Arnold I. Miller, D.O.

82 Street Address (P.O. Box Number is Not Acceptable)

802 West Oak Street

83

84 City

Kissimmee

FL

85 Zip Code  
34741

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 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME ROBERTS, MICHAEL D MD  
STREET ADDRESS 5334 FAYWOOD CT  
CITY-ST-ZIP ORLANDO FL 32819

DELETE

TITLE DV  
NAME MILLER, ARNOLD I  
STREET ADDRESS 3142 ZAHARIAS  
CITY-ST-ZIP ORLANDO FL 32821

DELETE

TITLE DV  
NAME OTOYA, JORGE G MD  
STREET ADDRESS 8007 COTE  
CITY-ST-ZIP ORLANDO FL 32819

DELETE

TITLE D  
NAME HACK, EDDY J  
STREET ADDRESS 668 LITTLE WEKIVA RD  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

DELETE

TITLE D  
NAME OSBORN, JACK L  
STREET ADDRESS 311 MACARTHUR PL  
CITY-ST-ZIP MAITLAND FL 32751

DELETE

TITLE D  
NAME CARTER, JOANN K  
STREET ADDRESS 4587 HERITAGE OAK DR  
CITY-ST-ZIP ORLANDO FL 32808

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time/Phone #

CR2E034 (12/95)