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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000062721 1. Corporation Name

Principal Place of Business

ROSNET, INC.

6169 JOG RD		6169 JOG RD							
C5 LAKE WORTH	EL 22467	C5 Lake Worth FL 33467				Dr.	O NOT WRITE IN TH	116 6DVCE	
US WORTH	FL 3340/	US				3. Date Incorporated		113 STACE	
2 Principal D	Place of Business	2a Mailing Address				09/02/1993 4. FEI Number			
	race of Business	2a. Mailing Address							Applied For
21 Cuito Ant	# 010	26				59-3222425			Not Applicable
Suite, Apt.	w, etc.	Suite, Apt. #, etc.				5. Certifcate of Status	s Desired		Additional
City & Stat	to.	City & State					<u> </u>		Required .
_	,	⊢ ′				6. Election Campaign			May Be
23 Zip	Country	Zip	. Coun	tr.		Trust Fund Contrib	,		d to Fees
	25	h, '	30	iu y		8. This corporation of	, .	Intangible	□No
24	9. Name and Address of Current I		30			Personal Property 10. Name and Addres			
	3. Notification and Address of Confession	_ <u></u>		81	Name	To. Name and Addres	as or new vedisters	n Agent	
TINS	SLEY, STEVEN R ESQ.								
1005 EMMET ST.			Ţ.	82	Street Addres	Address (P.O. Box Number is Not Acceptable)			
	SIMMEE FL 34741		-	83		meta semila e	Santana (n. 1821) 28 (n. 1841) - Garage Carlos (n. 1841) 28 (n. 1871) Santana (n. 1841) Carlos (n. 1841) Carlos (n. 1841) Carlos (n. 1841) Carlos (n. 1841)	15. 4.455 (1964) (1955)	1 11 11 11 11 11 11 11 11 11 11 11 11 1
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1			Ī	84	City	112 - 41 12.5		85 Zi	Code **
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s the abo	ove-r	named cornor	ration submits this stater	ment for the nurnose	of changing i	ts registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such change was au	ithorized l	hv th	e corporation	's board of directors. I h	ereby accept the app	ointment as	registered
SIGNATURE		149							
O.O.W.T.O.T.E	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered A	vgent si	ignature required v	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANG	SES TO OFFICERS	AND DIRECT	TORS IN 12
TITLE	DP	☐ DELETE	1.1 TITL	E		and the same		Change	a Addition
NAME	BARBER, RAYMOND J	☐ DELETE	1.1 TITL 1.2 NAM			The state of the s		Change	e Addition
	BARBER, RAYMOND J 7351 TILLMAN DR.	☐ DELETE	1.2 NAM	Æ	DDRES\$	1. Sec. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		Change	⊕ ∏ Addition
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14. I 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

6.4 CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90057 026 ***150.00