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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078103 (7)

RICHARD C. ROSENVOLD & ASSOCIATES, INC.

204 S MONROE ST SUITE 202 TALLAHASSEE FL 32301 US		204 S MONROE ST SUITE 202 TALLAHASSEE FL 32301-1800 US						
						3. Date Incorporated or Qualified 11/10/1993	3a. Date of Last Re 03/26/1996	eport
2. Principal Pla	ace of Business	28. Mailing Address				4. FEI Number		plied For
		26			***************************************	59-3210775 Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
City & State		City & State			 	6. Election Campaign Financing		·
23		28				Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Zip Coun			8. This corporation has liability for in		
24	25		30			Florida Statutes Yes No		
	9. Name and Address of Current	Registered Agent		21	N	10. Name and Address of New Reg	Jistered Agent	
	NK, F P			81	Name			
	LANK, RIGSBY & MEENAN, P.A.			82	2 Street Address (P.O. Box Number is Not Acceptable)			
204 S MONROE ST TALLAHASSEE FL 32301				83				
1742	PRINCELL LE CECOLI		-	84	City		85 Zip (Code
					<u>-</u>		FL	
office or re	io the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	if Florida. Such change was ai	uthorized	vd t	the corporati	oration submits this statement for the prior's board of directors. I hereby accep	urpose of changing its If the appointment as	s registered registered
SIGNATURE	Signature Typic or printed name of registerio agent	and life if and calls (NOTE	Bunisteren	(Anni	al signatura require	ed when reinstaling)	DATE	
12.	OFFICERS AND		13,	rigen	II eignature redorie	ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	D	☐ DELETE	1.1 TiT	LE			☐ Change	Addition
NAME:	ROSENVOLD, RICHARD C		1.2 NA	ME				
STREET ADDRESS	204 S. MONROE ST. STE. 202		1.3 \$11	REET .	ADDRESS			
C(TY - S1 - ZIP	TALLAHASSEE FL 32301	T be ere	1.4 CIT	**********	- ZIP			
TITLE		☐ DELETE	2.1 TIT				☐ Change	Addition
NAME DIOSEL LOSSOSSI			2.2 NA					
STREET ADDRESS					ADDRESS			
C(TY+ST+ZIP TITLE		☐ DELETE	2. 4 CI 3.1 TIT		1-41	1842 *	Change	Addition
NAME			3.2 NA	ME			,	_
STREET ADDRESS			3.3 STI	REET	ADDRESS			
CITY-S1-7IP			3.4. C)	TY-S	1- <i>2</i> IP			
TITLE		☐ DELETE	4.5 TIT	LE			☐ Change	Addition
NAME			4. 2 NA					
STREET ADDRESS					ADDRESS			
CITY+ST-ZIP		DELETE	4.4 CH		- Z⊮P		☐ Change	Addition
TITLE		("") DETEL	5.1 TIT				□ Ciaiiĝe	- Mudition
NAME			5.2 NA	UYIE				
STREET ADDRESS			KACTI	REET	ADDRESS			ı
STREET ADDRESS City - St - Zip					ADDRESS 1-7IP			
STREET ADDRESS CHY-ST-ZIP TITLE		DELETE	5 3 STI 5 4 CH	TY-SI			Change	Addition
CHY+S*-ZiP		DELETE	5.4 Ci1	TY-SI LE			☐ Change	Addition

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 eath; that I am an officer or director of the coveraging or the receipter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name