

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

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**Apr 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000079851 (0)
 1. Corporation Name
ROSALEE FOOD SERVICE CO.



Principal Place of Business 1800 TAMiami TRAIL #116A PORT CHARLOTTE FL 33948	Mailing Address 1800 TAMiami TRAIL #116A PORT CHARLOTTE FL 33948-2174
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3. Date Incorporated or Qualified 11/10/1993	3a. Date of Last Report 03/13/1996
4. FEI Number 65-0455471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

LEE, BEONG NAM
19505 QUESADA AVE.
STE. 204
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

B1 Name **LEE, BEONG NAM**
B2 Street Address (P.O. Box Number is Not Acceptable) **20150 QUESADA AVE**
B3 **PORT CHARLOTTE FL 33952**
B4 City **FL** **B5 Zip Code**

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 Beongnam Lee LEE, BEONG NAM PD 4/12.97
Signature, typed or printed name of registered agent or title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEE, BEONG NAM	
STREET ADDRESS	2748 HEDDEN LAKE BLVD	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEE, JOUNG S	
STREET ADDRESS	19505 QUESADA AVE / STE 204	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEE, JOUNG S	
STREET ADDRESS	2748 HEDDEN LAKE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEE, BEONG NAM	
1.3 STREET ADDRESS	20150 Quesada Ave	
1.4 CITY-ST-ZIP	Port Charlotte FL 33952	
2.1 TITLE	SD, TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEE, JOUNG SOOK	
2.3 STREET ADDRESS	20150 Quesada Ave	
2.4 CITY-ST-ZIP	Port Charlotte FL 33952	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Beongnam Lee LEE, BEONG NAM PD 4/12 97 ALL 24-119

CR2E034 (9/96)