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

PROFIT CORPORATION



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

ANNUAL REPOR
1996

J. RICK ROSSETTI, INC.



Principal Place	of Business	Mailing Address	Mailing Address			a seemede sig seine ferre betre gerit natit beidt beidt tibis thilt taff! ifft ifft			
10681 SE LEPARC TEOUESTA FL 34469		10681 SE LEPARC TEQUESTA FL 34469							
						3. Date Incorporated or Qualified 01/03/1994	3a. Date 05	of Last /01/1	,
 	ace of Business	2a. Malling Address				4. FEI Number		<u>'</u>	Applied For
21		26	26			65-0467606 Not Applicable			
Suite, Apt. 22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional e Required	
☐ City & State)	City & State			6. Election Campaign Financing		\$5.	.00 May Be	
23		28				Trust Fund Contribution	<u> </u>	Ad	ded to Fees
Zip 24	Country	Zip	Country	1		8. This corporation has liability for i		k under	s 199.032,
24	25 9. Name and Address of Curre	29 at Registered Agent	30		·*************************************	Florida Statutes Yes 10. Name and Address of New R			
	3. Hand and Address of Carre	in riegistered Agent	81	٦	Name	10. Name and Address of New R	egisterea A	gent	T-17
DOCCET	T) D			<u> </u>	TAGITIC				
ROSSET	II, J K E LEPARC		82		Street Addres	s (P.O. Box Number is Not Acceptab	e)		
	E LEPARO TA FL 34469		83	+-					
IEGUES	117 L 34403								
			84]	City		FL	85	Zip Code
11 Pursuant t	o the provisions of Sections 607.050	2 and 607 1509 Florida Statu	too the phous	1	mand passerat	ion submits this statement for the pur		Щ.	
or register	ed agent, or both, in the State of Flori	ida. Such change was authori	zed by the corp	Or	ration's board	of directors. Thereby accept the appo	ose of cha pintment as	ngıng it register	ed agent. Larn
	h, and accept the obligations of, Sec	tion 607.0505, Florida Statute	S.						
SIGNATURE _	Signature, typod or printed name of registered ager	Larva titu, if ar education 70	OTE Registered Ager		·	And the state of			
12.	**************************************	ID DIRECTORS	13.	11 5	agriative required w	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIREC	TORS IN 12
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NAME	ROSSETTI, J R	71	12 NAME			SEETTI TR			
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CITY-ST-ZIP	TEQUESTA FL 34469		14 City - 9		-7ID	EQUESTA, FLORID	\$ 23	ULE	-}
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NAME			4.2 NAME						
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NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	AD	DDRESS				
CITY-ST-ZIP			6.4 CITY - S	ST - Z	ZIP				
14. Lrio hereby	v certify that the information supplied.	with this files is voluntarily for	gighed and dee	~ -	not qualify for	the engage that at the foreign at the contract of the contract	3.24631.7L		

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), Fiorida 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: