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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000001971

J. RICK ROSSETTI, INC.

Principal Place of Business	Mailing Address
10386 SE BANYAN WAY TEOUESTA FL 33469	10386 SE BANYAN WAY TEQUESTA FL 33469

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90236 017 ***150.00



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Principal Place	of Business	S	М	lailing A	ddress				1						*
10386 SE BANYAN WAY 10386 SE BANYAN WAY						,									
TEQUESTA FL 33469 TEQUESTA FL 334					FL 33469						DO NOT WE	ITE IN THIS	SPAC	F	
									F	3. [Date Incorporated or Qualifed				···
									1		01/03/1994				
2. Principal P	lace of Busin	ness	2a	. Mailin	g Address						FEI Number	<u>-</u>		Ар	plied For
21	1000 01 00011	.000	26		3 · · · · · · · · · · · · · · · · · · ·				İ	- 6	65-0467606			- 	t Applicable
Suite, Apt.	#. etc.	****	20	Suite.	Apt. #, etc.								\$8.	.75 /	Additional
22	,		27		•					5. (Certifcate of Status Desired		F	ee Re	quired
City & Stat	e			City &	State					6. 8	Election Campaign Financing		\$5	5.00	May Be
23			28								Trust Fund Contribution		A	dded t	o Fees
Zip	•	Country	'	Zip		Cou	intry			8. 1	This corporation owes the cu	rent year Inta	ngible	;	_
24		25	29			30				F	Personal Property Tax.		☐ Ye	s	ØNo
	9. Name	and Address of Cu	rrent Regis	stered A	\gent		<u>. </u>			10.	Name and Address of New	Registered /	\ <u>gent</u>		
							81	Name	•						
	setti, j r						82	Street	Address	s (P.	O. Box Number is Not Accep	table)			
10386 SE BANYAN WAY						ou ou ou ou									
TEQ	uesta fl	33469					83								
							84	City					85	Zip (Code
								-				FL			
11. Pursuant	to the provis	ions of Sections 607	.0502 and 6	307.1508	8, Florida Sta	tutes, the a	bove	-named	1 corpora	ation	submits this statement for the	e purpose of	changi	ng its	registered
office or r	egistered ag m familiar wi	ent, or both, in the S ith, and accept the ol	tate of Flori oligations of	ida. Suci f. Sectio	n change wa n 607.0505,	s authorizeo Florida Stat	o by utes.	tne comp	ooration	s doa	ard of directors. I hereby acco	spr tile appoil	unen	as 10	gistered
		,		•											
SIGNATURE	Signature, typed	or printed name of registere	d agent and title	if applicab	le. (N	OTE: Registered	l Agen	ıt signature	required w			DATE			
12.		OFFICERS	S AND DIR	ECTOR		13.				Α	DDITIONS/CHANGES TO O	FFICERS AN			
TITLE	P				☐ DELETE	1.1 Τ	TLE						Цυ	nange	☐ Addition
NAME	ROSSET	lī, J R				1.2 N	AME								
STREET ADDRESS	10386 S.	e. Banyan way				1.3 S	REET	ADDRESS	8						
CITY-ST-ZIP	TEQUES!	TA FL 33469			A.	1.4 C	TY-S1	T-ZIP							
TITLE	S				☐ DELETE	2.1 Ti	TLE						CH	ange	☐ Addition
NAME	ROSSET	TI, PATRICIA				2.2 N	AME								
STREET ADDRESS	10386 S.	E. BANYAN WAY				2.3 S	TREET	ADDRESS	6						
CITY-ST-ZIP	TEQUES	TA FL 33469				2.40	ITY-S	T- ZIP							
TITLE					DELETE	3.1 T	TLE						□ Cł	ange	☐ Addition
NAME						3.2 N	AME								
STREET ADDRESS		•				3.3 \$	TREET	ADDRESS	3						
CITY-ST-ZIP						3.4. 0	ΠY-S	T-ZIP							
TITLE					☐ ĐELETE	4.1 TI	TLE						Цα	hange	☐ Addition
NAME						4. 2 N	AME								
STREET ADDRESS						4.3 S	TREET	ADDRESS	3						
CITY-ST-ZIP					<u></u>	4.4 C	1TY-S1	T-ZIP	1						
TITLE					☐ DELETE	5.1 T								hange	Addition
NAME	Į					5.2 N									
STREET ADDRESS						5.3 S	TREET	F ADDRESS	5						
CITY-ST-ZIP							ITY-S	T-ZIP							
TITLE					☐ DELETE								☐ Ct	nange	Addition
NAME						6.2 N									
STREET ADDRESS						6.3 S	TREET	FADDRESS	3						

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: