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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000014346 (8)

BLUE ROSE, INC.

, , , , , , , , , , , , , , , , , , ,	
Principal Place of Business	Mading Address
1935 OVERBROOK AVENUE CLEARWATER FL 34615	1935 OVERBROOK AVENUE CLEARWATER FL 34615-1422

FILED May 01 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							T TO DICE DE HAD EDICH DEDICE DE LA CARTE					
1835 OVERBROOK AVENUE 1835 OVERBROOK AVENUE CLEARWATER FL 34615 CLEARWATER FL 34615-1422												
								3. Date Incorporated or Qualified 02/17/1994		ate of Last 01/1996	•	}
2. Principal P	lace of Busin	ness	├	Mailing Address				4, FEI Number		 	Applied For	
Suite, Apt.	# etc		26	buite, Apt. #, etc.				59-3225981			Not Applicable	긔
22	w, 010.		27	1016, Apr. #, 616.				5. Certificate of Status Desired	K		Additional Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be				
Zip		Country		Zip Country				Trust Fund Contribution				
24					30	8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes Yes No						
	9. Name and Address of Current Registered Age				1001			10. Name and Address of New Registered Agent				
OPE	ENSHAW, E	DWIN E				81	Name					٦
193	5 OVERBRO				82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			\dashv	
CLE	ARWATER	FL 34615			-	83		· · · · · · · · · · · · · · · · · · ·	·			_
]								THE PERSON AS ADMINISTRATION OF THE PERSON O				╛
						84	City		FL	. `	p Code	
I office or r	recistered ac	ient, or both, in the	≥State of Florida	.1508, Florida Statu . Such change was Section 607.0505, Fl	authorized	ihν	the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose o t the app	f changing pointment a	its registered as registered	
SIGNATURE	arii (a ariiii (aa yy)	ит, ано ассери те	ornigations of, c	56Ct(6)1 607.0305, F)	ionoa otait	nes).					
	Signature, typed	or printed name of regist				Age	nt signature requir	ed when reinstating)	DATE			⅃.
12.	PSD	OFFICE	RS AND DIRECT	ORS DELFTE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			- 3
TITLE .		AW CADOL A		C) bettie	1.1 1(1)					☐ Change	Addition	۱ [۹
STREET ADDRESS	400E OVEDDOOK AVEAUE					1.2 NAME 1.3 STREET ADDRESS						3
CITY+\$T-ZIP	CLEARW		102									L
TITLE	VID				_	1. 211.	Change				- 6	
NAME		AW, EDWIN E			2.2 NA						e Addition	
STREET ADDRESS		erbrook avei	IUE		2.3 \$TF	REE 1	ADDRESS					
CITY-ST-ZIP	CLEARW	ATER FL			2. 4 CI	IY-S	5T-ZIP					
TITLE		DELETE 3.1 TI								☐ Change	Addition	7
NAME					3.2 NA	ME						
STREET ADDRESS					3.3 STF	REE 7	ADDRESS					
CITY+ST-ZIP					3.4 CI		ST-ZIP					\rfloor
TITLE				L) DELETE	4.1 111					Change	Addition	
NAME					4.2 NA							
STREET ADDRESS							ADDRESS					
CITY-\$T-ZIP	l			DELETE	4.4 CIT 5.1 TITE		I · ZIP			Change	e Addition	-
NAME				Las Decere	5.2 NAI					опонус	Addition .	}
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					5.4 CI1							
TITLE				DELETE	6.1 TITI		. 211			Change	Addition	+
NAME					6.2 NAI					3		
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					6.4 CIT	Y - \$1	1 - ZIP					
44 Ldo bosol	by partify that	t the information o	usualized with this	filing doos not avail	futor the			Lie Castina 110 07/0VIX Elasiala Contrata	1.2			

t do nereby certify that the information supplied with this filling 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 trystee employered 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 only attachment with privaddress.