

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT #

1. Corporation Name

Rossmore Lakes, Inc.

P94000017532

Principal Place of Business

Mailing Address

675 E. Clearbrook Circle  
Delray Beach, FL 33445

Same

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

25 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Guardian Construction Corp.  
135 S.E. 5th Avenue Suite 200  
Delray Beach, FL 33483

81 Name

Guardian Construction Corp.

82 Street Address (P.O. Box Number is Not Acceptable)

675 E. Clearbrook Circle

83

84 City

Delray Beach

FL

85 Zip Code

33445

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

X *Michael S. Eisenrod*

Michael S. Eisenrod, V.P.

4/28/97

(Type, print, or type name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME  
Solomon Eisenrod  
STREET ADDRESS  
135 S.E. 5th Ave, Suite 200  
CITY-STATE-ZIP  
Delray Beach, FL 33483

1.1 TITLE

President

Change

Addition

NAME  
Solomon Eisenrod  
STREET ADDRESS  
135 S.E. 5th Ave, Suite 200  
CITY-STATE-ZIP  
Delray Beach, FL 33483

1.2 NAME

Solomon Eisenrod

1.3 STREET ADDRESS

675 E. Clearbrook Circle

1.4 CITY-STATE-ZIP

Delray Beach, FL 33445

TITLE

DELETE

NAME  
Solomon Eisenrod  
STREET ADDRESS  
135 S.E. 5th Ave, Suite 200  
CITY-STATE-ZIP  
Delray Beach, FL 33483

2.1 TITLE

Vice-President

Change

Addition

NAME  
Solomon Eisenrod  
STREET ADDRESS  
135 S.E. 5th Ave, Suite 200  
CITY-STATE-ZIP  
Delray Beach, FL 33483

2.2 NAME

Michael S. Eisenrod

2.3 STREET ADDRESS

675 E. Clearbrook Circle

2.4 CITY-STATE-ZIP

Delray Beach, FL 33445

TITLE

DELETE

NAME  
Solomon Eisenrod  
STREET ADDRESS  
135 S.E. 5th Ave, Suite 200  
CITY-STATE-ZIP  
Delray Beach, FL 33483

3.1 TITLE

Secretary

Change

Addition

NAME  
Solomon Eisenrod  
STREET ADDRESS  
135 S.E. 5th Ave, Suite 200  
CITY-STATE-ZIP  
Delray Beach, FL 33483

3.2 NAME

Solomon Eisenrod

3.3 STREET ADDRESS

675 E. Clearbrook Circle

3.4 CITY-STATE-ZIP

Delray Beach, FL 33445

TITLE

DELETE

NAME  
Solomon Eisenrod  
STREET ADDRESS  
135 S.E. 5th Ave, Suite 200  
CITY-STATE-ZIP  
Delray Beach, FL 33483

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE

DELETE

NAME  
Solomon Eisenrod  
STREET ADDRESS  
135 S.E. 5th Ave, Suite 200  
CITY-STATE-ZIP  
Delray Beach, FL 33483

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE

DELETE

NAME  
Solomon Eisenrod  
STREET ADDRESS  
135 S.E. 5th Ave, Suite 200  
CITY-STATE-ZIP  
Delray Beach, FL 33483

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

100002179591  
-05/15/97--01028--031  
\*\*\*165.00

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 reported 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:

X *Michael S. Eisenrod*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S. Eisenrod

4/28/97

Date

561/278-7117

Daytime Phone

CR2E034 (9/96)