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**PROFIT CORPORATION** ANNUAL REPORT

1996



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

<ol> <li>Corporation</li> </ol>	MENT # <b>P940</b>	00036313 (	2)			
	ES ROSE, INC.				<u> </u>	
Principal Place	of Business	Mailing Address				
THE ATRIUM - SUITE 107 3055 CARDINAL DRIVE VERO BEACH FL 32963		THE ATRIUM - SUIT 3055 CARDINAL DR VERO BEACH FL 3	NVE		· 1· · · · · · · · · · · · · · · · · ·	
				3. Date Incorporated or Qualified 05/13/1994	3a. Date of Last 05/0	st Report <b>1/1995</b>
	ace of Business	2a. Mailing Address		4. FET Number	1	Applied For
		26	······································	65-0484691		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional ee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5	5.00 May Be
	Country 25	Z <sub>1</sub> p	Country 30	This corporation has liability for in Florida Statutes	ntangible tax unde	
*	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Ro		
154154	FROM OTHER		81 Name			
HENDERSON, STEVE L 817 BEACHLAND BLVD. VERO BEACH FL 32963			82 Street Add	iress (P.O. Box Number is Not Acceptabl	e)	
			B3			
			84 City			
					FL  85	Zip Code
or registere familiar with	th, and accept the obligations of, Sect	tion 607.0505, Florida Statute:	red by the corporation's blocks.	oration submits this statement for the purp and of directors. Thereby accept the appoint	intrient as registe	ered agent. Fam
IA: HIIIAF WIT	In, and accept the obligations of, Sectional acceptance typed or professional name of registered agree	tion 607.0505, Florida Statute:	S. D.D.: Brigisterica Agénit signatur-regian	en When reception	DATE	
Iamilar Will	In, and accept the obligations of, Sectional acceptance typed or professional name of registered agree	tion 607.0505, Florida Statute:	s. 		DATE	CTORS IN 12
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SIGNATURE: X

certify that the information indicated on this arminal 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 directed of the corporation or the receiver or trusted 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.

\*\*GNATURE: X SIGNATURE ON THE ON THE OF SIGNING OFFICER OR DIRECTOR DIRECTOR OF THE AND TYPED OR PRINTIPO NAME OF SIGNING OFFICER OR DIRECTOR.

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