

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90054 050 \*\*\*150.00

|                                                                  |                                                                                   |                                                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P94000036313**

1. Corporation Name

**JAMES ROSE, INC.**

Principal Place of Business

**THE ATRIUM - SUITE 107**  
**3055 CARDINAL DRIVE**  
**VERO BEACH FL 32963**

Mailing Address

**THE ATRIUM - SUITE 107**  
**3055 CARDINAL DRIVE**  
**VERO BEACH FL 32963**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24**
**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29**
**30**

3. Date Incorporated or Qualified

**05/13/1994**

4. FEI Number

**65-0484691**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 "Fee Required"

6. Election Campaign Financing

**\$5.00** May Be  
 Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PRENDERGAST, RICHARD L**  
**35 43RD AVE**  
**VERO BEACH FL 32968**

10. Name and Address of New Registered Agent

**81** Name **JAMES S GEIDNER**
**82** Street Address (P.O. Box Number is Not Acceptable)

**3055 Cardinal Drive Ste 107**
**83**
**84** City **VERO BEACH**
**FL**
**85** Zip Code **32963**

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

*James S Geidner*  
 Signature of registered agent, not title if applicable

 (NOTE: Registered Agent signature required when registering)  
*James S Geidner*

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE** **D**  
**NAME** **GEIDNER, JAMES S**  
**STREET ADDRESS** **3055 CARDINAL DR., STE. 107**  
**CITY-ST-ZIP** **VERO BEACH FL 32963**
**TITLE** **D**  
**NAME** **DRONCHI, ROSEMARY**  
**STREET ADDRESS** **3055 CARDINAL DR., STE. 107**  
**CITY-ST-ZIP** **VERO BEACH FL 32963**
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
**TITLE**  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1** TITLE  
**1.2** NAME  
**1.3** STREET ADDRESS  
**1.4** CITY-ST-ZIP

**2.1** TITLE  
**2.2** NAME  
**2.3** STREET ADDRESS  
**2.4** CITY-ST-ZIP

**3.1** TITLE  
**3.2** NAME  
**3.3** STREET ADDRESS  
**3.4** CITY-ST-ZIP

**4.1** TITLE  
**4.2** NAME  
**4.3** STREET ADDRESS  
**4.4** CITY-ST-ZIP

**5.1** TITLE  
**5.2** NAME  
**5.3** STREET ADDRESS  
**5.4** CITY-ST-ZIP

**6.1** TITLE  
**6.2** NAME  
**6.3** STREET ADDRESS  
**6.4** CITY-ST-ZIP

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 change, or on an attachment with an address, with all other like empowered

SIGNATURE:

*James S Geidner*  
 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**4-22-99**  
**5/6/99**

CR2E034 (11/98)