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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

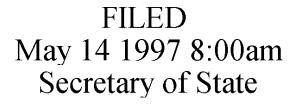
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000044499 (9)

HELEN ROSE COMPANY, INC.

Mailing Address Principal Place of Business





B335 FHANGIFANI DH VERO BEACH FL 32963 US		VERO BEACH FL 32963-4520 US									
US		03					3. Date incorporated or Qualified 06/10/1994		ate of La 15/198		oort
2. Principal P	lace of Business	2a. Mailing /	Address				4. FEI Number				lied For
21		26					59-3251421	, ., .,			Applicable
Suite, Apt #, etc.		Suite, Ap	Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State 23	0	City & St 28	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees				
Zip 24	Country Zip 29			Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Ci	urrent Registered Age	ent				10. Name and Address of New	Registered	Agent		
MCH	IUGH, JOHN J JR			81	1	Name					
333	17TH ST SUITE U D BEACH FL 32960			83	2	Street Addre	ess (P.O. Box Number is Not Accep	table)			
VEN	O BEROITTE SEGOO			8:	3			·····	***********		
				8	4	City	· · · · · · · · · · · · · · · · · · ·	FL	85	Zip C	ode
11. Pursuant office or r	to the provisions of Sections 607 registered agent, or both, in the same familiar with, and accept the	7.0502 and 607.1508, I State of Florida, Such on Obligations of Section	Florida Statu change was 607 0505 F	ites, the abor authorized to lorida Statute	VO-	named corp the corporati	oration submits this statement for the ion's board of directors. I hereby acc	e purpose o cept the app	f chang pointme	ing its nt as r	registered agistered
SIGNATURE	Signature Typen or proced same of register						ed when reinslating)	DATE			
12.		S AND DIRECTORS	(NO	13.	Str. 6	c angli dicini e respons	ADDITIONS/CHANGES TO OF		5 DIREC	CTORS	IN 12
1(), f	D		DELETE	1.1 TITLE	:	T T			☐ Cha		Addition
NAME	BRODA, JANICE C	•		1.2 NAME							
	9335 FRANGIPANI DR					. Denres					
STREET ADDRESS						DORESS					
CHY-S1-ZIP	VERO BEACH FL		7 651 555	1.4 CiTY-		- ZIP		<del></del>	1		Addition
TIBLE		L.	DELETE	2.1 TITLE					☐ Cha	mBc	Addition
NAME				2.2 NAME	Ε,						
STREET ADDRESS				2.3 STRE	ET A	IDDRESS					
C11Y - S1 - 7IP				2. 4 CITY	- \$1	- ZIP					
TITLE			DELETE	3.1 TITLE	:				L Cha	эпре	Addition
NAME				3.2 NAM6	E						
STREET ADDRESS				3.3 STRE	ET A	NODRESS					
				0.4.01714		-ZIP	•	* .			
City - St - ZiP				3.4. CITY	- 01					***************************************	Addition
City - St - ZiP Title			DELETE	3.4. CITY 4.1 TITE					☐ Chi	ange	
1014			DELETE	4.1 TITEE	:				Chi	ange	
TIPLE NAME		L	DELETE	4.1 TITLE 4. 2 NAM	(E	LOORESS			☐ Chi	ange	
TOTE NAME STREET ADDRESS			DELETE	4.1 TITLE 4.2 NAM 4.3 STRE	IE ET A	LODRESS			□ Ch.	ange	
DELE NAME STREET ADDRESS CITY-ST ZIP				4.1 TIFLE 4.2 NAM 4.3 STRE 4.4 GITY	IE E1 # -\$T						Addition
TOTE NAME STREET ADDRESS CHY-S1, ZIP TITLE			DELETE	4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE	IE ET A -ST				Ch.		Addition
THE F. ADDRESS CITY ST. ZIP. THEE NAME				4.1 TITLE 4.2 NAM 4.3 STRE 4.4 GITY 5.1 TITLE 5.2 NAM	ET # -ST E	- ZIP					Addition
TIPLE NAME STREET ADDRESS CITY-S' ZIP TIPLE NAME STREET ADDRESS				4.1 TITLE 4.2 NAM 4.3 STRE 4.4 GITY 5.1 TITLE 5.2 NAM 5.3 STRE	ET A	- ZIP		**************************************			Addition
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THEF NAME STREET ADDRESS CHY-S' ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP			DELETE	4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY-	E F F F F F F F F F F F F F F F F F F F	- ZIP			☐ Ch	ange	
THEF NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAMI	E	- ZIP			☐ Ch	ange	

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 Statules, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.