

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000046129 (0)

1. Corporation Name
ROSA MARIE, INC.



Principal Place of Business

41 COMMERCE ST
 APALACHICOLA FL 32329
 US

Mailing Address

PO BOX 863
 APALACHICOLA FL 32329

2. Principal Place of Business

2a. Mailing Address

21] **SAME**
 Suite, Apt. #, etc.
 22] City & State
 23] Zip Country
 24] 25]

26] **SAME**
 Suite, Apt. #, etc.
 27] City & State
 28] Zip Country
 29] 30]

9. Name and Address of Current Registered Agent

HEVIER, JAN J
 41 COMMERCE ST
 APALACHICOLA FL 32320

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 84 City
 FL 85 Zip Code

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

Signature (typed or printed name of registered agent or director) (applicable)

NOTE: Registered Agent must be a resident of the State of Florida.

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP THOMPSON, SAMMY	<input type="checkbox"/> DELETE
NAME	BLUFF ROAD	
STREET ADDRESS	APALACHICOLA FL	
CITY- ST- ZIP	DST THOMPSON, BEVERLY	<input type="checkbox"/> DELETE
TITLE	BLUFF ROAD	
NAME	APALACHICOLA FL	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: *Beverly D. Thompson* Secretary 4/7/96 904-653-8883
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)