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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400069390 (0)

**ROSAND CORPORATION** 

FILED Feb 16 1998 8:00am Secretary of State



			.,		
Principal Place of Business Mailing Address					•
16 INTERLAKEN ROAD 16 INTERLAKEN ROAD					
ORLANDO FL 32804		ORLANDO FL 32804		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				09/15/1994	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3273497	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
! City & State		Cily & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
ZIP	Country	Ζφ	Country	8. This corporation owes or has paid the	_ ′ _ ˙ .
24	25		30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
ROOT, DOUGLASS E JR.					
16 INTERLAKEN ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32804					
			B3		
			84 City		85 Zip Code
				F	<b>L</b>
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					
office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. Finereby 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 and title if applicable (NOTE Registered Agent signature required whon reinstating) DATE					
.12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELET <b>E</b>	1.1 TITLE		Change Addition
NAME	SANDERSON, ROBERT H		1.2 NAME		
STREET ADDRES			1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	- Inches	1.4 CITY-ST-ZIP		1 A 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
TITLE	S	☐ DELETE	2.1 TITLE		Change Addition
NAME	ROOT, MARTHA S.		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	El poreze	2. 4 CITY-ST-ZIP		Dolumen Didden
TATLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRES	s		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 DITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	s		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	s		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	s l		6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		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 changed, or on an attachment with an address

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HAD BEEN ALIZ