

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

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000082108 (9)**

1. Corporation Name

1000 ROSES INVESTORS CORP.

Principal Place of Business

**455 SO BUCKMOORE ROAD
SUITE 110
LAKE WALES FL 33853
US**

Mailing Address

**455 SO BUCKMOORE ROAD
7225 NW 25 STREET SUITE 110
LAKE WALES FL 33853
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1994

4. FEI Number

65-0536283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **455 S. Buckmoore Rd.**

26 **455 S. Buckmoore Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **LAKE WALES FL**

27 **LAKE WALES FL**

City & State

City & State

23 **LAKE WALES FL**

28 **LAKE WALES FL**

Zip

Country

Zip

Country

24 **33853**

25 **US**

29 **33853**

30 **US**

9. Name and Address of Current Registered Agent

**SIMON, GARY P
9100 S DADELAND BLVD
SUITE 504
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **GRONDIN, G.E.**
STREET ADDRESS **7225 NW 25 ST SUITE 110**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE

NAME **SIMON, GARY P.**
STREET ADDRESS **9100 SOUTH DADELAND BLVD SUITE 504**
CITY-ST-ZIP **MIAMI FL**

TITLE **M** ☐ DELETE

NAME **GRONDIN, GARY C**
STREET ADDRESS **455 SO BUCKMOORE ROAD**
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE: **GARY C. GRONDIN**

3-10-98

941-676-8140

CR2E034 (10/97)