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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000090058 1. Corporation Name

ROSE FLOORING CORP.

| Principal Place of | Dusin | ess |
|--------------------|-------|-------|
| C/O RICHARD MA | STROD | ICASA |
| 250 PALM CIRCLE | | |

Mailing Address

C/O RICHARD MASTRODICASA

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90152 017 ***150.00



| 60 PALM CIRC EMBROKE PIN | IES FL 33025 | PEMBROKE PINES FL 33025 | | | | | | DO NOT WRITE IN THIS SPACE | | | | | | | | |
|-----------------------------|---|---|--|------------------------------|------------------|----------------|---|----------------------------|------------|-------------|---------------|-------------|---------------------|-------------|--|---------|
| CHIDITOTIC THE | | | | | | | 3. Date incorporated or Qualifed 12/13/1994 | | | | | | | | | |
| | | | | | | | | | | | | | -, -, | | | |
| • | ace of Business | 2a. Mailing Address | | | | 4. F | FEI Num | | | | | ⊢- - | Applied f | | | |
| | 2 5.W. 70th the | 26 ZZYO S.W. 70 an Ave. | | | | | 65-054 | <u>2189</u> | | | | | Not Appl | | | |
| Suite, Apt. | _ | Suite, Apt. #, etc. | | | | 5. (| Certifcat | of State | ış Desired | i 🗋 | . بـ | | Additio Required | | | |
| City & State | mit E | City & State | | | | | Election | Campaio | n Financi | | | \$5.0 | 0 мау Е | | | |
| DAV | ie, FL | 28 DAVIE, FL | | | | l l | | nd Contr | | g 🔼 | | | d to Fee | | | |
| Zip | Country | Zip | | Cou | • | | | This com | oration i | wes the | current ye | | | _/ | ` } | |
| Zip 333 | 25 ERRWARD | 29 333 | 30 (۱) ع | B | 86 | WASK | <u>人</u> | | Propert | | | | Yes | <u>⊡</u> No | | |
| | 9. Name and Address of Current | Registered Agen | <u>t</u> | | | | 10, I | Name a | nd Addr | ess of Ne | w Regist | ered Ag | ent | | | |
| 005 | DODATE ACCION INC | | | Ì | 81 | -Name | | | | | | | | | { | |
| | PORATE ACCESS, INC. | | | ì | 82 | Street Ad | eet Address (P.O. Box Number is Not Acceptable) | | | | | | | | | |
| | -D THOMASVILLE ROAD | | | 1 | | | | | | | | | | | { | |
| IALL | AHASSEE FL 32303 | | | , | 83 | | | | | | | | | | J | |
| | | | | ļ | 84 | City | | | | | | FL | 85 Zi | p Code | | |
| | to the provisions of Sections 607.0502 | 4 207 4500 Ft | | ** | | named or | rneration | ou benite | thic ctate | ment for | the nume | | anoina | ite regist | ered | |
| office of reagent. I as | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | end 607.1508, Fid Florida. Such cha ns of, Section 60 | onga Statutes, ange was auth 7.0505, Florida | orized Statu | i by ti ites. | he corpora | ation's boa | ard of dir | ectors. I | hereby a | ccept the | appointr | nent as | registere | ed | |
| SIGNATURE | Signature, typed or printed name of registered agent a | | | | | signature requ | | | | | DA | | | | - } | = |
| 12. | OFFICERS AND | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 13. | | | | | IS/CHAN | IGES TO | OFFICE | RS AND | DIREC | TORS IN | 12 | 86 |
| TILE | D OFFICER STATE | | DELETE | 1.1 777 | TE. | 7 | | | | | | | Chang | | Addition | (11/98) |
| IAME | MASTRODICASA, RICHARD | _ | _ | 1.2 NA | ME | Q | Dife richt | ar-à | TNA | es frec | xd 1ca | SA | • | | | |
| _ | 250 PALM CIRCLE WEST, SUITE | 206 | | | | ADDRESS . | 7455 | ⊂ ∽ນ | 0 m | | -004 | £- | | | [| Ö |
| TREET ADDRESS | PEMBROKE PINES FL 33025 | . 200 | 1 | | TY-ST- | | DAVI | ا م | ₹U | 33 | કાબ | | | | 1 | CR2E034 |
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| STREET ADDRESS | | | 'n | | TY-ST | ì | | | | | | | | | | |
| CITY-ST-ZIP | | | | 0.4 UI | 1-01 | CIF | | | | | | | | | ئـــــــــــــــــــــــــــــــــــــ | |

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 of 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 for on an attachment with an address, with all other like empowered.