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PROFIT -CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000017418**1. Corporation Name

CHARLES E. ROSSI, P.L.S. INC.

•								
Principal Place	e of Business	Mailing Address				**** * * * * * * * * * * * * * * * * * *	*** *****	
10301 NW 50TH	4 STREET	10301 NW 50TH STREET						•
SUITE 102 SUITE 102					TE T. 110. 6			
		SUNRISE FL 33351	RISE FL 33351		DO NOT WRITE IN THIS SPACE			
US	•	US			3. Date Incorporated or Qualifed 03/02/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ар	plied For
21		26			65-0564149	***	· No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	I
22		27			5. Collinate of Clares Dones		Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing	_ <u>_</u>	\$5 :00∙	•
23		28			Trust Fund Contribution	<u>-</u>	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	-		~ .
24	25	_ <u> </u>	30		Personal Property Tax.		☐Yes	☑ No
	9. Name and Address of Current		1041 11		10. Name and Address of New	Registered A	gent	
COR	PORATE CREATIONS ENTERPRIS		81 Na	ame	:			
	I PGA BLVD.	NEO INO.	82 Str	reet Address	s (P.O. Box Number is Not Accept	able)		
		:			* * 's * * * * * * * * * * * * * * * * *		8-1124 WAT	111011011.155
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COMPLETE TO SOME			1 1	,		FL		
14 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statute	es, the above-nar	med corpora	ation submits this statement for the	purpose of c	hanging its	registered
office or n	Signature, type for annied mane or registered agent	on Florida: Such change was at ons of, Section 607,0505, Flor	ithorized by the orida Statutes. Registered Agent signs	corporation's	nen reinstating)	pt the appoint	ment as re	gisterea
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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, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90062 003 ***150.00