## FILE NOW: FILING FEE AFTER MAY 1ST IS $50.00

PROFIT ·
CORPORATION
ANNUAL REPORT
**1998**

FLORIDA DEPART OF STATE
**Sandra B. ~~~**
Secretary e
DIVISION OF CO ATIONS

**DOCUMENT #  P95000028082 (2)**

1. Corporation Name

**ROSEART LAMPSHADES, INC.**

Principal Place of Business

3535 NW 19TH STREET
LAUDERDALE LAKES FL 33311

Mailing Address

3535 NW 19TH STREET
LAUDERDALE LAKES FL 3X

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
**04/10/1995**

| | | |
|---|---|---|
| 2. Principal Place of Business [21] | 2a. Mailing Address [26] | |
| Suite, Apt. #, etc. [22] | Suite, Apt. #, etc. [27] | |
| City & State [23] | City & State [28] | |

| Zip [24] | Country [25] | Zip [29] | ntry [30] |
|---|---|---|---|

4. FEI Number
**65-0589597**
☐ 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

9. Name and Address of Current Registered Agent

**GOTTLIEB, BERNARD
3535 NW 19TH STREET
LAUDERDALE LAKES FL 33311**

10. Name and Address of New Registered Agent

| [B1] Name | |
|---|---|
| [B2] Street Address (P.O. Box Number is Not Acceptable) | |
| [B3] | |
| [B4] 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 utes.

**SIGNATURE** _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: ... required when reinstating)   DATE _____

| 12. OFFICERS AND DIRECTORS | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|---|
| | | | ☐ Change ☐ Addition |
| TITLE **PTD** | ☐ DELETE | TITLE | |
| NAME **GOTTLIEB, BERNARD** | | NAME | |
| STREET ADDRESS **38 GLENS DRIVE EAST** | | STREET ADDRESS | |
| CITY-ST-ZIP **BOYNTON BEACH FL 33436** | | CITY-ST-ZIP | |
| | | | ☐ Change ☐ Addition |
| TITLE **VSD** | ☐ DELETE | TITLE | |
| NAME **GOTTLIEB, RITA** | | NAME | |
| STREET ADDRESS **38 GLENS DRIVE EAST** | | STREET ADDRESS | |
| CITY-ST-ZIP **BOYNTON BEACH FL 33436** | | CITY-ST-ZIP | |
| | | | ☐ Change ☐ Addition |
| TITLE | ☐ DELETE | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | | | ☐ Change ☐ Addition |
| TITLE | ☐ DELETE | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | | | ☐ Change ☐ Addition |
| TITLE | ☐ DELETE | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | | | ☐ Change ☐ Addition |
| TITLE | ☐ DELETE | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

*CR2E034 (10/97)*

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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____    Daytime Phone # 0290374