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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90095 048 ***150.00

1999

DOCUMENT # **P95000048542**1. Corporation Name DIAL-A-ROSE 2000, INC.

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Principal	Place o	f Business

PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 DO NOT WRITE I 3. Date Incorporated or Qualifed 06/16/1995 4. FEI Number 65-0590971 Suite, Apt. #, etc. 27 City & State City & State City & State 28 City & State City & State 29 30 GALIANO, GINA ANN 5154 WOODRUFF LANE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 DO NOT WRITE I 3. Date Incorporated or Qualifed 06/16/1995 4. FEI Number 65-0590971 5. Certificate of Status Desired City & State 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable PALM BEACH GARDENS FL 33418	\$8	Appl Not 3.75 Ad Fee Requ 5.00 M Added to le le les [lied For Applicable Iditional uired May Be
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507 0002 and 607 1509. Statutes the above-named comporation submits this statement for the pur			
14. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the pur	FL 85	Zip Co	ode
		ling its r	egistered
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	he appointmer	it as regi	stered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE		<u> </u>
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	CERS AND DIF	RECTOF	RS IN 12
TITLE D DELETE 1.1 TITLE		Change	☐ Addition
NAME GALIANO, GINA ANN 12 NAME			
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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 informationated 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 of the receiver or prugeeempowered to execute this report as required by Chapter 607. Femila Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with any address, with all other like empowered.

SIGNATURE: