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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052935 (0)

1. Corporation Name
ROSCO ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~6880 N US HIGHWAY 1~~ ~~VERO BEACH FL 32967~~	~~6880 N US HIGHWAY 1~~ ~~VERO BEACH FL 32967-3332~~

3. Date Incorporated or Qualified: **07/07/1995**
3a. Date of Last Report: **01/24/1996**
4. FEI Number: **65-0599749** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 247	26 PO Box 247
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Wabasso, FL	City & State 28 Wabasso, FL
Zip 24 32970 Country 25	Zip 29 32970 Country 30

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	Cypress CReek De ☒ Change ☐ Addition
NAME	ROSS, KEITH		1.2 NAME	
STREET ADDRESS	~~6880 N US HIGHWAY 1~~		1.3 STREET ADDRESS	5691 Cypress Creek Dr/P.O. Box 747/
CITY-ST-ZIP	~~VERO BEACH FL 32967~~		1.4 CITY-ST-ZIP	Grant, FL 32949 · Grant, FL 32949
TITLE	S	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ROSS, ANNE F.		2.2 NAME	
STREET ADDRESS	~~500 SLOANE ST.~~		2.3 STREET ADDRESS	P.O. Box 747/5691 Cypress Creek Dr
CITY-ST-ZIP	~~SEBASTIAN FL~~		2.4 CITY-ST-ZIP	GRANT, FL 32949 Grant, FL 32949
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do 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: _____