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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053749 (4)

THE ROSE RESTAURANT, INC

FILED Feb 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 260 LAS PALMAS ST. 260 LAS PALMAS ST. ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0593378 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution \Box Added to Fees Country Country Zip Zio 8. This corporation owes or has paid the current year Intangible 🗶 Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NASIF, HAITHAM K 260 LAS PALMAS ST. 82 Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH FL 33411 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPST DELETE Change Addition TITLE 11 TITLE NASIF, HAITHAM 1.2 NAME 260 LAS PALMAS ST STREET ADDRESS 1.3 STREET ADDRESS ROYAL PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 11118 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TOLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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