

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90128 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064086

1. Corporation Name
ROSA HOMES, INC.



Principal Place of Business
2432 11 AV SW
LARGO FL 33770

Mailing Address
P.O. BOX 5361
LARGO FL 33779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/18/1995

2. Principal Place of Business
21 105 Indian Rocks Rd

2a. Mailing Address
26 P.O. Box 5361

4. FEI Number
NOT APPLICABLE

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27 L

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23 Belleair, FL

City & State
28 Largo FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip
24 34670

Country
25 USA

Zip
29 33779

Country
30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREASER, ROLAND
2432 11 AV SW
LARGO FL 33770

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~2432 11 AV SW~~ 104 Indian Rocks Rd
84 City Belleair FL 85 Zip Code 33770

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. Not familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Res.

DATE: 2/1/99

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

12. OFFICERS AND DIRECTORS	
TITLE	PST <input type="checkbox"/> DELETE
NAME	CREASER, ROLAND
STREET ADDRESS	2432 11 AV SW
CITY-ST-ZIP	LARGO FL 33770
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	P.O. Box 5361
1.4 CITY-ST-ZIP	Largo, FL 33779
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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

DATE: 2/1/99

DAYTIME PHONE #: 727-586-2164

CR2E034 (11/98)