SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996 8-8-96 B-7666-C

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

cdw

DOCUMENT # P95000072091 (8)

1. Corporation Name

JUST ROSES INC.

Principal Place of Business	Mailing Address
52 IRONWOOD WAY NORTH PALM BEACH GARDENS FL 33418	52 IRONWOOD WAY NORTH PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: 09/19/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 402 OCEAN Dunes Cir	26 402 OCEAN Dunes Cir.
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Jupiter, Fl	City & State 28 Jupiter, Fl.
Zip 24 33477 / Country 25 PBC.	Zip 29 33477 / Country 30 PBC

4. FEI Number: 65-0607854 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: Tim BRYAN
82 Street Address (P.O. Box Number is Not Acceptable): 402 Ocean Dunes Cir.
83 Jupiter
84 City: Jupiter FL 85 Zip Code: 33477

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: [signature] DATE: 8-1-96

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	BRYAN, ELIZABETH S	1.2 NAME	
STREET ADDRESS	52 IRONWOOD WAY NORTH	1.3 STREET ADDRESS	402 OCEAN Dunes Cir.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	Jupiter, Fl. 33477
TITLE	D ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	BRYAN, TIMOTHY W	2.2 NAME	
STREET ADDRESS	52 IRONWOOD WAY NORTH	2.3 STREET ADDRESS	402 OCEAN Dunes Cir.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	2.4 CITY-ST-ZIP	Jupiter, Fl. 33477
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WIEGAND, KEITH C	3.2 NAME	
STREET ADDRESS	12916 BARROW RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	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	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8-1-96 407-625-0402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #