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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000072091 (8)

JUST ROSES INC.

## **FILED** May 05 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						1 ANDLINO I DEN INERA MELLA DULLA MORALE DULLA		IDJI DALIY IEI	D) {
402 OCEAN DUNES CIRCLE 402 OCEAN DUNES CIR JUPITER FL 33477 US US									
						3. Date Incorporated or Qualified 09/19/1995		e of Last F 8/1996	Report
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	pplied For
21		26				65-0607854			ot Applicable
Suite Apt.		Suite, Apt. #, etc.	<b>├</b> ─			5. Certificate of Status Desired		- <b>-</b>	Additional equired
City & Stat	te	City & State	<del> </del>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip		Country		1	8. This corporation has liability for intangible tax wrider s. 199.032,			
24	25 29 30		30		Florida Statutes Yes No				
<del></del>	9. Name and Address of Curren	nt Registered Agent		81 Nam		10. Name and Address of New Re	gistered #	gent	
DRIAN, IIM					16				
	OCEAN DUNES CIRCLE PITER FL 33477		İ	82 Stree	Street Address (P.O. Box Number is Not Acceptable)				
901	TIENTE 30477		ţ	83	<del></del>	· · · · · · · · · · · · · · · · · · ·	·		
			ŀ	04 055		· · · · · · · · · · · · · · · · · · ·	····	Tag T Vin	0-4-
				B4 City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607,1508, Florida Statu	les, the ab	ove-name	d corpore	ation submits this statement for the p	ourpose of	changing i	ts registered
office or agent 1 a	registered agent or both, in the State arm familiar with and accept the obligi	or Horida. Such change was ations of, Section 607,0505, F	autnorized lorida Stati	i by the ci ites.	orporation	is board of directors, I hereby acces	ot the appo	antment at	registered
SIGNATURE.	11/10 ripa	- French	1			4	1-15-	97	
	Signalate, typed or printed names, registered age			Agent signal	ure required y	when reinstating)	DATE		
12.	T	OFFICERS AND DIRECTORS 13.			<del></del>	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	DOVAN CUTADETU C	<del></del>						∟ Change	Addition
NAME	BRYAN, ELIZABETH S	ALL BOTAL DIRECTOR			ا	•			
STREET ADDRESS		HAPPEN FI		reet addres	s				
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY LETE 2.1 THL		<del></del>			Change	Addition
NAME	MANUAL MILATURY III		22 NA					Lange Orionia	L. Hounes
STREET ADDRESS	420 OCEAN DUNES CIR			···- Reet addres	٩				
City SI-7/P	JUPITER FL			TY-ST-ZIP	<u> </u>	•			
THILE	D DELETE 3.1TI			1	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAMÉ	WIEGAND, KEITH C		3.2 NA	ME				-	
STREET ADDRESS	12916 BARROW RD. 3.3.5		3.3 ST	REET ADDRES	s				
CITY - \$1 - 7IP	NORTH PALM BEACH FL 33408 34.0		3.4. CI	TY-ST-ZIP		•			
THILE		☐ DELETE	4.1 TeT	LE				Change	☐ Addition
NAME			4. 2 N	ME					
STREEL ADDRESS			4.3 ST	REET ADDRES	s	•			
Crty - St - ZIP			4.4 CIT	Y-ST-ZIP		······································			
THUE		DELETE 5.1 T		LE				Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET AODRES	S				
CHY-S1-ZIP				Y-ST-ZIP					
TETLE	1	☐ DELETE	6.1 TIT			i		L Change	Addition
NAME			6.2 NA	ME					
STREET ADORESS			6.3 ST	reet addres	\$				
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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 31 changed, or on an attachment with an address.