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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095665 (2)

ROWEISS CORP.

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Principal Place of Business Mailing Address							I ISBANDO IIE IRIEK BIIIK ODATI DOTTI ESKI DANO IDAGI I	ALLA REALD OYER! BITH LOOF
Ì	104 RICHARDS AVE CLEARWATER FL 34815 JS			904 RICHARDS AVE CLEARWATER FL 34615 US			DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 12/18/1995	
2.	Principal Place of Busin	ness	2a. Mailing A	2a. Mailing Address			4. FEI Number	Applied For
21			26	26			59-3350343	Not Applicable
22	Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & St	City & State 28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	Country 25	Ζιρ 29	30	untry		This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes
g, Name and Address of Current Registered Agent							10. Name and Address of New Registered Ag	ent
HANNA, SAMY G 904 RICHARDS AVE						Name Street Add	dress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34615					82		5.555 (* 15.556 15.1557)	
		-			83			
					64	City		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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition TITLE 1.1 TITLE Change HANNA, SAMY G 1.2 NAME 904 RICHARDS AVE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** 1.4 City-ST-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HANNA, SUZAN K NAME 2.2 NAME 904 RICAHROS AVE 2.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change __ Addition TITLE 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **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 suppliemental 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:

(813) 447-1407

FILED

Apr 27 1998 8:00am

Secretary of State

R2E034 (10/97)