

MA

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**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED
May 20 1997 8:00am
Secretary of State

DOCUMENT # P96000000533 (5)

1. Corporation Name
ROSEMARIE'S RESTAURANT, INC.

Principal Place of Business

**P O BOX 1359
BELLEVUE FL 34421**

Mailing Address

**P O BOX 1359
BELLEVUE FL 34421-1359**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

3. Date Incorporated or Qualified

12/26/1995

3a. Date of Last Report

12/06/1996

4. FEI Number

59-3358575

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

**MOODY, HARRISON H
9740 SE 58TH AVE
BELLEVUE FL 34470**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MOODY, HARRISON H**
STREET ADDRESS **CR 25, P O BOX 1359**
CITY - ST - ZIP **BELLEVUE FL 34420**

TITLE **D** ☐ DELETE
NAME **TOZZO, ROSEMARIE**
STREET ADDRESS **CR 25, P O BOX 1359**
CITY - ST - ZIP **BELLEVUE FL 34420**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/C** ☐ Change ☒ Addition
1.2 NAME **MOODY, HARRISON H**
1.3 STREET ADDRESS **CR 25, P O BOX 1359**
1.4 CITY - ST - ZIP **BELLEVUE, FL 34421** **9090 SE 72nd Ave
Ocala FL 34472**

2.1 TITLE **P/T/S** ☐ Change ☒ Addition
2.2 NAME **TOZZO, ROSEMARIE**
2.3 STREET ADDRESS **CR 25, P.O. Box 1359**
2.4 CITY - ST - ZIP **BELLEVUE, FL 34421** **6691 SE 110th St.
Bellevue FL 34420**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. 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 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE OF OFFICER

CR2E034 (9/96)