

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

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000026562 (4)**

1. Corporation Name
THE ROSEMARY RABBIT INC.



Principal Place of Business 3336 HIGEL AVE. SARASOTA FL 34242	Mailing Address 3336 HIGEL AVE. SARASOTA FL 34242-1128
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3. Date Incorporated or Qualified 03/20/1996	3a. Date of Last Report —
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2. Principal Place of Business 21 20 S. Blvd. of the Presidents	2a. Mailing Address 21 20 S. Blvd. of the Presidents
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4. FEI Number 65-0663707	Applied For <input type="checkbox"/> Not Applicable
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22 City & State Sarasota, FL	27 City & State Sarasota, FL
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 Zip 34236	28 Country USA
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24 Zip 34236	25 Country USA	29 Zip 34236	30 Country USA
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent AGNES, PHX 3336 HIGEL AVE. SARASOTA FL 34242
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10. Name and Address of New Registered Agent 81 Name Priscilla Stowe 82 Street Address (P.O. Box Number is Not Acceptable) 90 The Rosemary Rabbit 83 20 S. Blvd. of the Presidents 84 City Sarasota 85 FL 34236

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 **Priscilla Stowe** DATE **1.14.97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	<input type="checkbox"/> DELETE	1.1 TITLE Priscilla Stowe	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Priscilla Stowe		1.2 NAME	
STREET ADDRESS 5321 Siesta Court		1.3 STREET ADDRESS	
CITY-ST-ZIP Sarasota, FL 34236		1.4 CITY-ST-ZIP	
TITLE Vice President V/TS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lori Anne Stowe		2.2 NAME	
STREET ADDRESS 4500 F. 11th Avenue		2.3 STREET ADDRESS	
CITY-ST-ZIP Moline, IL 61265		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Priscilla Stowe** DATE: **1.14.97 (941)388-1833**

CR2E034 (9/96)