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

	MENT # P96000 D ROSENBERG, INC.	0030692 (3)			
Principal Place of Business 5229 BRISATA CIRCLE BOYNTON BEACH FL 33437		Mailing Address 5229 I BRISATA CIRCLE BOYNTON BEACH FL 33437		I TRENDER HAS SELVE STAND BOWN SAMEN SEVEN SEVEN SAME SAME SAME SAME SAME SAME SAME SAME	
				3. Date Incorporated or Qualified 3 04/02/1996	s. Date of Last Report
2. Principal P	Place of Business	28. Mailing Address		4. FEI NIMPON A PA 10 C	Applied For
Suite, Apt #, etc		Suite, Apt. #, etc.		63-061113	Not Applicable 88.75 Additional
22	#, C.C.	27		5. Certificate of Status Desired	Fee Required
Oity & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T 0-1-	Trust Fund Contribution	
Zip 24	Country 25	Zip [29]	Country 30	8. This corporation has liability for inter	
24	9, Name and Address of Curr		[30]	10. Name and Address of New Regist	
200 A	FE, LARRY A JOHN KNOX ROAD AHASSEE FL 22303-6643 It the provisions of Sections 607.05 registered figent, or both, in the Stand familiar with and Accept the agent	ing and 607, 1508, Florida Stati fer: Florida, Such change was gations of Section 607,0505, 1	83 , 84 City B	dress (P.O. Box Number is Not Acceptable) Draw Shift H proporation submits this statement for the purp ation's board of directors. I hereby accept the	FL 85 Zip Code 33/37
SIGNATURE	ging the, typed or go hed name of registered a	agent and title if applicable (N	OTE: Registered Agent signature req	pulred when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
THILE	D DOCEMBEDO BONNIE	☐ DELETE	1.1 TITLE		Change Addition
NAME	ROSENBERG, BONNIE 5229 I BRISATA CIRCLE		1.2 NAME		
STREET ADDRESS City - S1 - Zip	BOYNTON BEACH FL 33437		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TILE		DELETE	2.1 Title	Account of the second of the s	Change Addition
NAME			2.2 NAME		
STREET ADDRESS	ļ		2.3 STREET ADDRESS		•
City-St-Zip	# ************************************		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change L Addition
NAME BANKEL ANDRESS	1		3.2 NAME		
STREET ADDRESS CITY-ST-74P			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
THILE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	J		4 3 STREET ADDRESS		
CITY+ST-ZIF			44 CITY-ST-ZIP		
TILE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	ļ		5.3 STREET ADDRESS		
CITY - ST - 7IP		T No	5.4 CHTY-ST-ZIP	······································	
TILE		☐ DELETE	6.1 TITLE		Addition Addition
NAMe BLOCK LAMB SECTION			6.2 NAME	011	2 m /
STREET ADDRESS COTY: ST-ZIP			6.3 STREET ADDRESS 6.4 City - St - Zip	BK DO B 1/15 00	
1 0/11/01/201	i e		■ 040H1.9L4%		

14. I do hereby certily 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 of director of the corporation of director of director of the corporation of director of director of director of director of director of

SIGNATURE:

FILED

Mar 28 1997 8:00am

Secretary of State

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