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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATI

**FILED** 

May 06 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000045264 (4)

ROSCOMMON GROUP CORP.

Principal Place of Business Mailing Address							#8 FEE #1881 81119	11819 83111	#181 1881	
	Drye & Warren Scayne Blvd. #2400 1	201 SOUTH B	C/O KELLEY DRYE & WARREN 201 SOUTH BISCAYNE BLVD. #2400 MIAMI FL 33131-2378							
							3. Date Incorporated or Qualified 05/29/1996	3a. Date	of Last R	eport
2. Principal P	lace of Business	2a. Mailing A	ddress				4. FEI Number		Ar	plied For
21		26					65-0679601		No	nt Applicable
Sulte, Apt.	#, etc.	Suite, Ap	t.#, etc.				5. Certificate of Status Desired		8.75	Additional
22		27		E			8. Conflicate of Status Desired	Luzi	Fee Re	equired
City & Stat	е	City & Sta	ate				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	
Ζiρ	Country	Ζ(p	Zip		Country		. 8. This corporation has liability for intangible tax under s. 199.032,			
24 25		29	30				Florida Statutes Yes 🔀 No			
	9. Name and Address of Cur-	rent Registered Age	nt		·r	· · · · ·	10, Name and Address of New Re	gistered Age	nt	
	ER, JOHN G			₹	31	Name				
	KELLEY DRYE & WARREN				12	Street Address (P.O. Box Number is Not Acceptable)				
201	SOUTH BISCAYNE BLVD. #24	100								
MIAI	MI FL 33131			E	33					
				نا	34	Aller				Code
				`	"	City		FL I	5 Zip (	Couc
office or agent. La	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	ib02 and 607,1508, Fale of Florida, Such c fligations of, Section 6	lorida Statu hange was 507.0505, Fi	tes, the abo authorized orida Statu	by t tes.	riamed corpo the corporatio	oration submits this statement for the p on's board of directors. I hereby accep	ourpose of ch of the appoint	anging it ment as	is registered registered
OIGHAI OIL	Signature, typed or printed name of registered		(NC)1	L fingistered /	Agast	s gnature requires	d when reinstating)	DATE		
12.	The same and the same of the s	AND DIRECTORS	<b>,</b>	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D	L	] DELETE	11111	E			LJ	Change	Addition
NAME	MCLOUGHLIN, MARGARET	-		1.2 NAM	1[					
STREET ADDRESS	20630 BAY BROOKE COUR	l		13 STH	EFT AI	DDRESS				
CITY-ST-ZIP	BOCA RATON FL 33498			1.4 CITY	- \$1-	7P				
TITLE			] DELETE	21 HIL	E				Change	Addition
NAME				2.2 NAM	<b>1</b> E					
STREET ADDRESS	=			2 3 \$1Ki	EET AI	DDRESS				
· CITY-ST-ZIP				2.4.011	Y-ST	- ZiP				
TITLE			DELETE	31 1111	F				Change	Addition
NAME				3.2 NAM	<b>1</b> [					
STREET ADDRESS				3 3 S I R	EET A	DDRESS				
CITY-ST-ZIP				3 4. CIT	Y - S1 -	- ZIP				
TITLE			] DELF1E	4 1 TITE	E				Change	Addition
NAME				4 2 NAM	ME					
STREET ADDRESS				4 3 S1R	EET AI	DURESS				
CITY-ST-ZIP				4.4.0·TY	(-SI-	ZIP				
TITLE			DELETE	517171					Change	Addition
NAME				5.2 NAM	٩E					
STREET ADDRESS				5 3 S1R		DDRESS				
CITY-ST-ZIP				5 4 C/TY						
TITLE	<del> </del>	T.	DELETE	61 7111					Change	Addition
NAME				6.2 NAM					•	-
STREET ADDRESS				63 S1R		DORESS				

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.