

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045264

1. Entity Name

ROSCOMMON GROUP CORP.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90051 033 ***150.00

Principal Place of Business

JOHN INNER, ESQ.
C/O KELLEY DRYE & WARREN
201 SOUTH DISCAYNE BLVD., #400
MIAMI FL 33131

Mailing Address

JOHN INNER, ESQ.
C/O KELLEY DRYE & WARREN
1101 BRICKELL
201 SOUTH DISCAYNE BLVD., #400
MIAMI FL 33131

2. Principal Place of Business

C/O JOHN INNER
Suite, Apt. #, etc.
1101 BRICKELL AVE (STE 1400)
MIAMI, FL

3. Mailing Address

C/O JOHN INNER
Suite, Apt. #, etc.
1101 BRICKELL AVE (STE 1400)
MIAMI, FL



DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-0679601	Applied For <input type="checkbox"/> Not Applicable
Zip 33131	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IMMER, JOHN G
C/O KELLEY DRYE & WARREN
201 SOUTH DISCAYNE BLVD., #400
MIAMI FL 33131
(NOTE: ADDRESS CHANGE ONLY)

Name
INNER, JOHN G
Street Address (P.O. Box Number is Not Acceptable)
1101 BRICKELL AVE
(STE 1400)
City
MIAMI FL Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLOUGHLIN, MARGARET 20630 BAY BROOKE COURT BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET MCLOUGHLIN April 26, 2000 (305) 585-8875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)