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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000045669 (4)

ROSE CAPITAL, INC.

Principal Place of Business

Mailing Address

FILED May 05 1998 8:00am Secretary of State



MAITLAND F	JI PLACE, SIE. 201 L 32751	MAITLAND FL 32751	STE. 201				
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified		··
<u> </u>			··· ••		05/21/1996		
	Loscot Punces Loscot Punce	2a. Mailing Address		0 .	4. FEI Number		pplied For
21 /75 Suite, Apt.			COUT	PLACE	<u>59-3378297</u>		lot Applicable
22 SU	nte 201	Suite, Apt. #, etc. 27 Suite	201		5. Certificate of Status Desired		Additional Required
City & Stat	l e	City & State			6. Election Campaign Financing		May Be
Zip	Country	7 _{ip}	Country		Trust Fund Contribution		to Fees
24	25	29	30		 This corporation owes or has paid the Personal Property Tax due June 30. 		itangible No
27	9. Name and Address of Curren		[30]		10. Name and Address of New Registered Agent		
1F	ERDAM, A C			B1 Name			
	6 LOOKOUT PLACE, STE. 201		_	00 04	Address (D.O. Doubleston)		
MAITLAND FL 32751				82 Street A	Address (P.O. Box Number is Not Acceptable)		
			Ī	83	<u> </u>		
					ite col	0.5 7:-	O- d-
·				84 City		FL 85 Zip	Code
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the ab	ove-named o	corporation submits this statement for the purp	ose of changing i	its registered
agent. La	registered agent, or both, in the State am f am iliar with, and accept the obliga	of Florida. Such change was a itions of, Section 607.05 05 , Flo	autnorized orida Statt	iby the corpi ites:	oration's board of directors. I hereby accept th	e appointment as	s registered
SIGNATURE							
	Signature, typed or printed more of registered agent and tale if applicable (NOTE:			legistered Agent signature required when reinstaing) DATE			
12. TITLE	OF FICERS AND	DELETE DELETE	13. ETE 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS		
NAME	LEERDAM, A C			ľ		Change	Addition
STREET ADDRESS 166 LOOKOUT PLACE, STE. 201			1.2 NAM	EET ADDRESS	175 LOGEVET PLACE,	ہے۔ ہں کہ	८ व (
CITY-ST-ZIP MAITLAND FL 32751					,,,,	• -	
TITLE	DELETE			Y-ST-ZIP .E		Change	Addition
NAME				AE			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE	DELETE			.E		☐ Change	☐ Addition
NAME				AE			
STREET ADDRESS			3.3 STR	eet address			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 1)TL	E		☐ Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	FET ADDRESS			
CITY-ST-ZIP			4.4 CIT	r-ST-ZIP			
TITLE	☐ DELETE			E		☐ Change	Addition
NAME			5.2 NAN	KE.			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP				(-ST-ZIP			
TITLE		☐ DELETE	6.1 TITU			Change	Addition
NAME			6.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			6.4 CITY	7-ST-ZIP			

14. Thereby 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 a figual 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or in application with an address.