

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000049987 (6)

1. Corporation Name

ROSE GARDEN PARADISE, INC.

Principal Place of Business

6042 PERTSHIRE LANE S.W.
FT. MYERS FL 33903

Mailing Address

6042 PERTSHIRE LANE S.W.
FT. MYERS FL 33903

2. Principal Place of Business

21 5503 S.W. 6th AVE
Suite, Apt. #, etc.

22

City & State

23 CAPE CORAL, FLA.

Zip

24 33914

Country

25 LEE

2a. Mailing Address

26 709 CAPE CORAL PKWY. W
Suite, Apt. #, etc.

27

City & State

28 CAPE CORAL, FL.

Zip

29 33914

Country

30 LEE

9. Name and Address of Current Registered Agent

FARMAR, MONIKA
709 CAPE CORAL PKWY WEST
CAPE CORAL FL 33914

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Monika S. Farmar

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstated)

10-22-97
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORTEGEL, JOERN-CHRISTOF
AM HAUENBODEN 1, D-63768 HOESBACH
GERMANY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRANCOISE DE LA FREGONNIERE-ORTEGEL
AM HAUENBODEN 1, D-63768 HOESBACH
GERMANY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[DELETE]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[DELETE]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[DELETE]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[DELETE]

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

600002353436--9

-11/20/97-01097-012

****550.00 ****550.00

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

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:

Monika S. Farmar 7/16/97

FILED

97 NOV 17 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/10/1996

4. FEE Number

65-0792009

Applied For
Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

[]

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. [] Yes [] No

10. Name and Address of New Registered Agent

CR2E034 (4/97)