

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

FILED
Jun 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morcham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000058474 (3)

1. Corporation Name
BLUE ROSE ENTERPRISES, INC.



Principal Place of Business 3900 ALABAMA AVE., NE ST. PETERSBURG FL 33703	Mailing Address 3900 ALABAMA AVE., NE ST. PETERSBURG FL 33703-6008
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2. Principal Place of Business 21 168-70th AVE. NO. Suite, Apt. #, etc. 22 City & State 23 ST PETERSBURG, FLORIDA 24 Zip 33702 25 Country US		2a. Mailing Address 26 168-70th AVE, NO. Suite, Apt. #, etc. 27 City & State 28 ST PETERSBURG, FLORIDA 29 Zip 33702 30 Country US		3. Date Incorporated or Qualified 07/11/1996	3a. Date of Last Report
				4. FEI Number 59-3403582	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRAMER, ELLEN M
3900 ALABAMA AVE., NE
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELLEN BRAMER 3900 ALABAMA AVE NE ST. PETE FL 33702	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT ELLEN BRAMER 168 70th AVE N ST. PETE FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT RONALD L. BRAMER 168 70th AVE N ST. PETE FL 33702	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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:

ELLEN BRAMER

4/11/97

813-527-8737

CR2E034 (9/96)