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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000062551 (2)

1. Corporation Name

ROSIE'S PLAYSCHOOL, INC.



Principal Place of Business

6650 GULF BLVD.
ST. PETE BEACH FL 33706

Mailing Address

6650 GULF BLVD.
ST. PETE BEACH FL 33706-2126

3. Date Incorporated or Qualified

07/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 8451 Blind Pass Road

Suite, Apt. #, etc.

22

City & State

23 St. Pete Beach, Fl.

Zip

24 33706

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

Zip

29

Country

30

4. FEI Number

59-3394508

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SAMUELS, ROSEMARIE
6650 GULF BLVD.
ST. PETE BEACH FL 33706

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

TITLE PD ☐ DELETE

NAME SAMUELS, ROSEMARIE
STREET ADDRESS 6650 GULF BLVD.
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE VSD ☐ DELETE

NAME SAMUELS, KATHLEEN A
STREET ADDRESS 6650 GULF BLVD.
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE VTD ☐ DELETE

NAME FERDON, RAYMOND K
STREET ADDRESS 6650 GULF BLVD.
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2460 E. Vina Del Mar Blvd.
St. Pete Beach, Fl. 33706

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

174 S. Tessier Dr.
St. Pete Beach, Fl. 33706

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 RAYMOND K. FERDON 2/14/97 (813) 367-2611

CP2E034 (9/96)