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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000068564

1. Corporation Name

ROSE OF THE SEA, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90094 017 ***150.00

Principal Place of Business Mailing Address						- I 40013801 110 10110 AISH 80111 BUIS BUIS BUSH	SOLIE DIED LOCAL DE	111 3 01111 0101 1001
251 DAYTONA AVENUE						DO NOT WRITE IN	THIS SPACE	
US						3. Date Incorporated or Qualified		
						08/16/1996		į
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21	acc of Businoss	26				59-3401405		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						<u></u>	\$8.7	5 Additional
22	., 5.5.	27				5. Certifcate of Status Desired	Fee	Required
	City & State City & State					6. Election Campaign Financing	ື\$5.ຄ	00 May Be
23	-	28				Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Country			8. This corporation owes the current ye	7	\
24	25					Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent		Ι_τ	**	10. Name and Address of New Regist	ered Agent	
				81	Name			
BEALL, CAROL V				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
251 DAYTONA AVENUE								
HOL	LY HILL FL 32117			83				
				84	City		85 Z	Zip Code
				<u> </u>			FL 👸	71 14 - 4
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	i by i	-named corpo he corporatior	ration submits this statement for the purpon's board of directors. I hereby accept the	appointment as	registered
SIGNATURE							·	(
	Signature, typed or printed name of registered ag	,	<u> </u>	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	ATE	TORS IN 12
12.		ND DIRECTORS	13. 1.1 Ti	TI E		ADDITIONS/CHANGES TO OFFICE	Chan	
TITLE	PSTD		1.2 N/					_
NAME	BEALL, CAROL V				ADDRESS	•		
STREET ADDRESS	251 DAYTONA AVENUE		1)			
CITY-ST-ZIP	HOLLY HILL FL 32117	☐ DELETE	1.4 CI 2.1 TT	17Y-\$T-	-217		Chan	ge Addition
TITLE			2.1 II					"
NAME	•				ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	3,1 π	TIF	1-ZIP		☐ Chan	ge Addition
TITLE		Land D 16	3.2 N				_	
NAME STREET ADDRESS		-			ADORESS	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS				ITY-ST			•	
CITY-ST-ZIP		☐ DELETE	4.1 TI				Chan	nge Addition
NAME		-	4. 2 N					Ĭ
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP				ITY-ST				Į
TITLE		☐ DELETE	5.1 π	_			☐ Chan	ige Addition
NAME	1		5.2 N					}
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CITY-ST-ZIP				ITY-ST	. 1			
TITLE		☐ DELETE	6.1 TI				☐ Chan	nge
NAME	1		6.2 N	AME	l			}
STREET ADDRESS	1		6.3 S	TREET	ADDRESS			J
JINLLI ADDRESS	J			m of				

14. 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 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, with all other like empowered.