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 #
1. Corporation Name P96000070317 (8)

ROSES DIRECT, INC.

Principal Place of Business

205 EAST CENTRAL BOULEVARD

Mailing Address

205 FAST CENTRAL BOULEVARD

FILED May 14 1998 8:00am Secretary of State



1 holos

SUITE 304 ORLANDO FL 32801		SUITE 304 ORLANDO FL 32901			DO NOT WRITE IN THIS	SPACE
SHOWING TE	ar-Adi.	ONLANDO PL 32501		3. Date Incorporated or Qualified		
					08/23/1996	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
	59 TRADEACT DRV		Apep	PC+ DS.	59-3396641	Not Applica
Suite, Apt.	· ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	18400	City & State	70		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _(P)	Cour	ilry	8. This corporation owes or has paid the cu	
24 37	2827 25 OCANGE	29 32827	30 05	ange	· · · · · · · · · · · · · · · · · · ·	Yes No
	9. Name and Address of Current F	legistered Agent		-0	10. Name and Address of New Registered	Agent
BRE	ett, kelly			81 Name		
Sq *** TRADEPORT DR 82 Stre				32 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	IE-004				,	
ORL	ANDO FL 32827		1	33	· —	
			la la	B4 City		85 Zip Code
					FL	_ `
OTICE OF F	egi stere d agent, or both, in the State of	Houda. Such change was i	authorized	by the corporati	oration submits this statement for the purpose con's board of directors. I hereby accept the ap	of changing its registered
agent. La	n fam iliar with, and accept the obligation	ns of, Section 607.0505, FI	orida Statu	les.	one searce of directions. Thoroby decopy the up	some distribution
SIGNATURE		-				
12.	Signature, typed or printed harbo of registered agent as OFFICERS AND I			Agent signature require		D DIDEOTODO IVI IO
TITLE	PC CATIONTS AND I	DELETE	13.	f	ADDITIONS/CHANGES TO OFFICERS AN	Change Additi
NAME	KELLY, BRETT A		1.2 NAN			Change Li Adult
STREET ADDRESS	6267 BENT PINE DR #11248			EET ADDRESS		
CITY-ST-ZIP	ORLANDO FL			'- S1- ZIP		
TITLE	VD	OELE TE	2.1 TITE			Change Additi
NAME	MCEWEN, TERRY		2.2 NAM			
STREET ADDRESS	9427 TRADEPORT DR		23 STH	LET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2 4 C/T	Y - ST - ZIP	, t = 0	
TITLE	\$	DELETE	3.1 TiTL			Change Additi
NAME	KELLY, CARRIE M		3.2 NAM	IE .		
STREET ADDRESS	6267 BENT PINE DR. #1124B		3.3 STRI	E1 ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CIT	7-ST-7IP		
TITLE	TD	DELETE	4.1 F(TL)		***************************************	☐ Change ☐ Additi
NAME	MCEWEN, JR W		4. 2 NAM	AE		
STREET ADDRESS	9427 TRADEPORT DR		4.3 STR	ETI ADDRESS		
CITY-ST-ZIP	ORLANDO	Laster		-ST-ZIP		
TITLE		☐ DELETE	5.3 THL			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE		- ST- ZIP		Change 1832
NAME			6.1 THTLE			Change Additi
STREET ADDRESS			6.2 NAM	ET ADDRESS		
CITY-ST-ZIP						
14. I hereby or	ertify that the information supplied with t	his filmo does not qualify to	o.4 UIIY	-ST-ZIP notion stated in 5	Section 119.07(3)(i) Florida Statutes I further of	artify that the information
indicated of officer or of Block 12 o	on this annual report or supplemental as lirector of the corporation or the receive r Block 13 if or anged, or on any allaging	nual report is fue and acc cor trustee impowered to tent with an address.	urate and execute thi	that my signature s report as requi	Section 119.07(3)(i), Florida Statutes. I further ca e shall have the same legal effect as if made un ired by Chapter 607, Florida Statutes: and that if	ider oath; that I am an my name appears in