## 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 # P96000070963 (9)

ROSESTAR INTERNATIONAL, INC. Principal Place of Business Mailing Address -591 GREEN OPRINGS PL 4300 SO US HWY ONE -WEST-PALM BCH PL 33409 DO NOT WRITE IN THIS SPACE JUPITER FL 33477 3. Date Incorporated or Qualified 08/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Cape Pointe 52-2000337 Not Applicable Suite, Arit #, etc \$8.75 Additional 5. Certificate of Status Desired Circle Fee Required \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Sono No Country 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **AMERILAWYER CHARTERED** 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 City 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 agree and title it applicable (NOTF Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE TITLE 1.1 TITLE CADDRESSONY ROSE, CHRISTINA NAME 1.2 NAME > 140 Cape Pointe Circle Jupiter, FL. 33477 591 GREEN SPRINGS PL 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BCH FL 1.4 CITY - \$1 - ZIP CITY - ST - ZIP Change DELETE 2.1 TITLE Addition TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition ITLE TITLE NAME AME REET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP DELETE Change Addition TITLE ILE NAME ME STREET ADDRESS RET ADDRESS CITY - ST - ZIP Y-ST-ZIP DELETE Change Addition TITLE ME NAME REET ADDRESS STREET ADDRESS IY-ST-ZIP CITY-ST-ZIP DELETE Addition Change

14. I horoby 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 eath; that I am an officer or director of the perporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.4 CITY-\$1-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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3-4-98 561-748-8466

**FILED** 

Mar 12 1998 8:00am

Secretary of State