

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

FILED

Mar 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000072889 (4)

1. Corporation Name

ROZ SHUSTER DESIGNS, INC.

Principal Place of Business

Mailing Address

16926 KNIGHTSBRIDGE LANE  
DELRAY BEACH FL 33484

16926 KNIGHTSBRIDGE LANE  
DELRAY BEACH FL 33484



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

65-0697115

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 16780 COLCHESTER CT

26 16780 COLCHESTER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DELRAY BCH, FL

28 DELRAY BCH, FL

Zip

Country

Zip

Country

24 33484

25

29 33484

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE  
SUITE 125  
CORAL GABLES FL 33146

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

☐ DELETE

TITLE PD  
NAME SHUSTER, ERROL Z  
STREET ADDRESS 16926 KNIGHTSBRIDGE LANE  
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ DELETE

TITLE SD  
NAME SHUSTER, ROSALIND  
STREET ADDRESS 16926 KNIGHTSBRIDGE LANE  
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

16780 COLCHESTER CT  
DELRAY BEACH, FL 33484

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

16780 COLCHESTER CT  
DELRAY BEACH, FL 33484

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

R Shuster

ROSALIND SHUSTER

3/13/98 499-9295

CR2E034 (10/97)