

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000079829

1. Corporation Name

ZOE ROSE, INC.

Principal Place of Business

2225 S. University Drive
Davie, FL 33324

Mailing Address

860 East Tropical Way
Plantation, FL 33317

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Zip

Country

3. Date Incorporated or Qualified
09/24/1996

3a. Date of Last Report
N/A

4. FEI Number

59-3415383

Applied For

Not Applicable

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

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

Yes No

9. Name and Address of Current Registered Agent

Bruce M. Gottlieb
125 North 46 Avenue
Hollywood, FL 33021

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shana Kayton		1.2 NAME	
STREET ADDRESS	2225 S. University Drive		1.3 STREET ADDRESS	
CITY - ST - ZIP	Davie, FL 33324		1.4 CITY - ST - ZIP	
TITLE	VP/D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl Levine		2.2 NAME	
STREET ADDRESS	860 E. Tropical Way		2.3 STREET ADDRESS	
CITY - ST - ZIP	Plantation, FL 33317		2.4 CITY - ST - ZIP	
TITLE	S/T/D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen I. Levine		3.2 NAME	
STREET ADDRESS	860 E. Tropical Way		3.3 STREET ADDRESS	
CITY - ST - ZIP	Plantation, FL 33317		3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

CR2E034 (9/96)

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: *Stephen I. Levine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen I. Levine

4/28/97 (954)583-6338
Date Daytime Phone #