

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

FILED
Jan 15 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 # P96000079829 (3)

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2071 S.W. 70th AVE.
Suite, Apt. #, etc.
22 # G-11
City & State
23 DAVIE, FL
Zip
24 33317
Country
25 BROWARD

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified

09/24/1996

4. FEI Number

59-3415383

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

9. Name and Address of Current Registered Agent

GOTTJEB, BRUCE M
125 NORTH 46TH AVENUE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	KAYTON, SHANA	2225 S. UNIVERSITY DRIVE	DAVIE FL 33324	☐
VPD	LEVINE, STEPHEN L	880 E. TROPICAL WAY	PLANTATION FL 33317	☐
STD	LEVINE, STEPHEN I	880 E. TROPICAL WAY	PLANTATION FL 33317	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
11	12	13	14	☐	☐	☐
21	22	23	24	☐	☐	☐
31	32	33	34	☐	☐	☐
41	42	43	44	☐	☐	☐
51	52	53	54	☐	☐	☐
61	62	63	64	☐	☐	☐

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: Stephen Levine

01/05/98 (954)
9/16-1488

CR2E034 (10/97)