APR-29-98 WED 1:36 PM BRUCE GOTTLIEB FAX NO.

FILED
May 27 1998 8:00am
Secretary of State

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

[redacted]

DOCUMENT # P96000079829

1. Corporation Name

ZOE ROSE, INC.

Principal Place of Business	Mailing Address
2225 S. University Drive Davie, FL 33324	860 East Tropical Way Plantation, FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1996

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

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

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

Bruce M. Gottlieb
125 North 46 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	☐ Change ☐ 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 ☐ DELETE	2.1 TITLE	☐ Change ☐ 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 ☐ DELETE	3.1 TITLE	☐ Change ☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: Cheryl Levine CHERYL LEVINE 4/29/98 954-452-9816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #