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 #

P96000097046 (2)

D. ROSS, INC.

FILED Feb 24 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		1 (60)(00) jil iliji iliji dajil bilit esili esili edili	Betr effet Shitt Gifte Atti enni
7945 SAPPHIRE LANE	7945 SAPPHIRE LANE			
ORLANDO FL 32822	ORLANDO FL 32822		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	
			01/01/1997	
2. Principal Place of Business	2a. Mailing Address	- ×-15 - 111-11-11	4. EEI Number	Applied For
21	26		59-3415462	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Count	ry Zip	Country		
24 25	·	30	This corporation owes or has paid the cu Personal Property Tax due June 30.	Yes No
9. Name and Addr	ess of Current Registered Agent	<u> </u>	10. Name and Address of New Registered	
ROSS, DAVID F				
			ress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32822		52 Sileet Addi	less (F.O. Box Number is Not Acceptable)	
0,124100 12 01021		83		
		84 City		85 Zip Code
		84 City	FI	_ 65 ZIP COO
11. Pursuant to the provisions of Sec	ctions 607,0502 and 607,1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or registered agent, or bot agent. I am familiar with, and ac-	n, in the State of Florida. Such change was all cept the obligations of, Section 607.0505, Flor	ida Statutes.	tion's board of directors. I hereby accept the ap	bolligueur as redistered
SIGNATURE				
Signature, typed or printed nan		Registered Agent signature requir		ID DIDECTORS IN 45
	DEFICERS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE D	C) DECEME	1.1 TELE		
NAME ROSS, DAVID F	LANE	1.2 NAME		
STREET ADDRESS 7945 SAPPHIRE		1.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 32	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	_ been	2.2 NAME		
ì		2.3 STREET ADDRESS		
STREET ADDRESS		2. 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	DELETE	3.1 TITLE	,	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		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 ADORESS		
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		
14. I hereby certify that the information	on supplied with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	certify that the information

indicated on this annual report is 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 ar 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 an attachment with an address.

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