## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700033417 (1)

ROSE CONSTRUCTION MANAGEMENT SERVICES, INC.

FILED Sep 02 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address	Mailing Address				<b>16 (1) 00</b> (1(() 0100) )  <b>6</b>  1 (100)
8795 SADDLECREEK DRIVE		8795 SADDLECREEK DRIVE					
BOCA RATON FL 33428-		BOCA RATON FL <del>33428</del>				50.4157.415177.417	
33496		33496				DO NOT WRITE IN TH	IS SPACE
						3. Date Incorporated or Qualified 04/11/1997	
2. Principal F	Place of Business	2a. Mailing Address	S			4. FEI Number 65 -0741960	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	[28]			Trust Fund Contribution	Added to Fees
Zip	Country Zip		Cou	Country		8. This corporation owes or has paid the co	urrep⊁ year Intangible
24	25 29 30		30		Personal Property Tax due June 30. Yes No		Yes No
<u> </u>	9. Name and Address of Cu	irrent Registered Agent				10. Name and Address of New Registere	d Agent
ROS	SE, <b>ED</b> WIN JR.			81	Name		
8795 SADDLECREEK DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
	CA RATON FL 33428				Street Addres	ss (P.O. Box Number is Not Acceptable)	
	33496			83			
				84	City	F	85 Zip Code
signature	am familiar with, and accept the c	obligations of, section 607.05	05, Florida Stat	lutes	gent signature require	o's board of directors. I hereby accept the app  ad when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	
TITLE	1 <b>D</b>	DELE		TLF			Change Addition
NAME	ROSE, EDWIN JR.	[] DELE	1.2 NA				
STREET ADDRESS 8795 SADDLECREEK DRIVE		F			ADDRESS		
	BOCA RATON FL-33428						
CITY-ST-ZIP	DOOM TO THE GOVED		1.4 C/I		-ZIP		7 .
	i	L DELE	''-				Change Addition
NAME	1		2.2 NA		1000000		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	ļ _ <del></del>		2.4 CIT		-ZIP		<del></del>
TITLE	Car Section		-				Change Addition
NAME			3.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			3 4 CI		·ZIP		
TITLE	L. Decere						Change Addition
NAME			4.2 NA	ME		• -	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			4.4 CIT		ZIP		- <b></b> -
TITLE		DELE					Change Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET	ADDRESS		İ
City-St-ZiP			5.4 CIT	TY-ST-	ZIP		
TITLE		DELE	TE 6.1 TIT	LE			Change Addition
NAME			6.2 NA	ME			

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 extended with an address.

6.3 STREET ADDRESS

01011471185

STREET ADDRESS

· 8-27-

561-487-2986