## 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 # P97000034316 (4)

ROSS OWNERSHIP, INC.

## **FILED** Apr 14 1998 8:00am Secretary of State



954785 MIDA

Incari ac

| Principal Place  | of Business   | Mailing Address  |  |  |  |
|--|---|--|--|--|--|
| 1150 SW 10TH AVE. #204 W<br>POMPANO BEACH FL 33069         |   |  | 1150 SW 10TH AVE. #204 W<br>POMPANO BEACH FL 33069 |  | DO NOT WRITE IN THIS SPACE   |
|  |   |  |  |  |  |
|  |   |  |  |  | 3. Date Incorporated or Qualified 04/10/1997   |
| 2. Principal Place of Business 2a. Mailing Address         |   |  |  |  | 4. FEI Number Applied For  |
| 21   |   | 26   | 26   |  | Not Applicat   |
| Suite, Apt.  | t, etc.   | Suite, Apl. #, etc.  |  |  | 5. Certificate of Status Desired  \$8.75 Additional  |
| 22   |   | 27   |  |  | 5. Certificate of Status Desired Fee Required  |
| City & State   |   | City & State   |  |  | 6. Election Campaign Financing \$5.00 May Be   |
| 23   |   | 28   |  |  | Trust Fund Contribution  |
| Zip  | Country   | <b>Z</b> ip<br> ∵ n  | Country  | /  | 8. This corporation owes or has paid the current year Intergible Personal Property Tax due June 30. Yes 17 No.                                     |
| 4 25 29 29 9, Name and Address of Current Registered Agent |   |  | 30   | Personal Property Tax due June 30. L. Yes L/J No  10. Name and Address of New Registered Agent |  |
|  |   | att negistered Agent   | 81   | Name   | 10, realite and Address of Now Yorkstore Agon.   |
| ROSS, JENNIFER   |   |  |  |  |  |
| 1150 SW 10TH AVE. #204 W                                   |   |  | 82   | 2 Street Address (P.O. Box Number is Not Acceptable)   |  |
| PI   | DMPANO BEACH FL 33069   |  | 83   |  |  |
|  |   |  |  |  |  |
|  |   |  | 84   | City   | FL 85 Zip Code   |
| 44 Dure pot t  | a the manisions of Sactions 607 05  | .02 and 607 1508 Florida Statut  | tes the abov                                       | c-named co   | repretion authority this statement for the purpose of changing its registers   |
| Affina or re   | onistered arrent or both in the Stat  | le of Florida. Such change was a   | authorized b                                       | v the corpora  | ation's board of directors. Thereby accept the appointment as registered   |
| agent. Lar   | n familiar with, and accept the obli  | gations of, Section 607.0505, Fi   | orida Statute                                      | S.   |  |
| SIGNATURE .  | Signature, typed or printed name of registerent a                           | port and to it and only on the   | F : Registered Au                                  | ent signature rog  | uired when reinstating) DATE   |
| 12.  |   | NO DIRECTORS   | 13.  |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE  | DPT   | ☐ DELET <b>e</b>   | 11 10 LE   |  | ☐ Change ☐ Addit   |
| NAME   | ROSS, JENNIFER  |  | 1.2 NAME   |  |  |
| STREET ADDRESS   | 4601 NW 9TH AVE.  |  | 1.3 STREE  | ADDRESS  |  |
| CITY-ST-ZIP  | POMPANO BEACH FL 330  |  | 1.4 CHY-   | ST-ZIP   |  |
| TITLE  | DV  | ☐ DELETE   | 2.1 TITLE  |  | ☐ Change ☐ Addit   |
| NAME   | VANDERKAY, ROBERT H   |  | 2.2 NAME   |  |  |
| STREET ADDRESS   | 3426 LAKEVIEW BLVD.   |  | 2.3 STREE  | 1 ADDRESS  |  |
| CITY-ST-ZIP  | DELRAY BEACH FL 33445   |  | 2 4 CITY-  | S1 - ZIP   | Character L Addition   |
| TITLE  | DS  | ☐ DELETE   | 31 TILLE   |  | Change L. Addit  |
| NAME   | JONES, VIRGINA  |  | 3.2 NAME   |  |  |
| STREET ADDRESS   | 305 N. POMPANO BEACH  |  | 3.3 STREET ADDRESS                                 |  |  |
| CITY-ST-ZIP  | POMPANO BEACH FL 330  | DELETE   | 3.4. CITY-   | ST-7IP   | Change Addit   |
| TITLE  | F3 orres  |  | 4.1 TITLE  |  | C Grange C haunt   |
| NAME   |   |  | 4. 2 NAME  |  |  |
| STREET ADORESS   |   |  |  | 1 ADDRESS  |  |
| CITY+ST-ZIP  |   | DELETE   | 4.4 CITY -<br>5.1 TITLE                            | 91-5II.  | ☐ Change ☐ Addit   |
| TITLE<br>NAME  |   |  | 5.2 NAME   |  | <del></del> • •  |
| STREET ADDRESS   |   |  |  | T ADDRESS  |  |
|  |   |  | 5.4 C(1)Y-   |  |  |
| CITY-ST-ZIP<br>TITLE                                       |   | DELETE   | 6.1 TILE   | ****   | Change Addit   |
| NAME   |   |  | 6.2 NAME   |  |  |
| STREET ADDRESS   |   |  | •  | I ADDRESS  |  |
| CITY ST. 7IP   |   |  | 6.4 CITY-  | ST - ZIP   |  |
| 44 Lhoroby o   | ertify that the information supplied  | with this filing does not qualify f  | or the exemi                                       | ntion stated i   | in Section 119.07(3)(i), Florida Statutes. I further certify that the information  |
| indicated officer or o                                     | on this annual report or supplemen<br>director of the corporation or the re | ital annual report is true <b>and ac</b> o<br>deiver or trustee empowe <b>red</b> to |  |  | ture shall have the same legal effect as if made under oath; that I am an<br>equired by Chapter 607, Florida Statutes; and that my name appears in |
| Block 12 (   | or Block 13 if changed, or on an at   | tachment with an iddress.  | _  | •  | 001-00   |