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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90206 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000034316**

1. Corporation Name
ROSS OWNERSHIP, INC.



Principal Place of Business
 1150 SW 10TH AVE. #204 W
 POMPANO BEACH FL 33069

New Address

Mailing Address
 1150 SW 10TH AVE. #204 W
 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1320 S. Dixie Hwy West**

Suite, Apt. #, etc.
 22 **134**

City & State
 23 **Pompano Beach**

Zip Country
 24 **33060** 25 **USA**

26. Mailing Address
 26 **1320 S. Dixie Hwy West**

Suite, Apt. #, etc.
 27 **134**

City & State
 28 **Pompano Beach**

Zip Country
 29 **33060** 30 **USA**

3. Date Incorporated or Qualified
04/10/1997

4. FEI Number Applied For
NOT APPLICABLE 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

ROSS, JENNIFER
 1150 SW 10TH AVE. #204 W
 POMPANO BEACH FL 33069

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** DELETE
 NAME **ROSS, JENNIFER**
 STREET ADDRESS **4601 NW 9TH AVE.**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **DV** DELETE
 NAME **VANDERKAY, ROBERT H**
 STREET ADDRESS **3426 LAKEVIEW BLVD.**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **DS** DELETE
 NAME **JONES, VIRGINA**
 STREET ADDRESS **305 N. POMPANO BEACH BLVD., #207**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other ~~the~~ empowered.

SIGNATURE: *Jennifer Ross* President *Apr 15 99* 954 785 6488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)