## 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 # P97000071029 (7)

THE PINK ROSE, INC.

Principal Place of Business

Mailing Address

## FILED Apr 17 1998 8:00am Secretary of State



950 NORTH FEDERAL HIGHWAY, STE. 219 950 NORTH FEDERAL HIGHWAY, STE. 219 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0785741 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional ХX 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 26 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🛛 Yes ☐ No 24 29 30 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name LAYNE, FREDRIC B 950 NORTH FEDERAL HIGHWAY, STE. 219 Street Address (P.O. Box Number is Not Acceptable) 82 POMPANO BEACH FL 33062 83 City R4 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 rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition LAYNE, EDYTHE NAME 1.2 NAME CR2E034 950 NORTH FEDERAL HIGHWAY, STE. 219 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33062 1.4 CITY - ST-ZIP CITY-S1-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 22 NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 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 SYREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TATLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 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 eath; 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 attact prient with an address.

SIGNATURE:

April 7 1998
Davine Phone #