

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).

0035560

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000073512 (0)

1. Corporation Name

ROSEMARIE NODARSE, P.A.

Principal Place of Business

7240 SW 41ST COURT  
DAVIE FL 33314

Mailing Address

7240 SW 41ST COURT  
DAVIE FL 33314

FILED

18 JUL 31 AM 11:35

STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

65-077-6331

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

NODARSE, ROSEMARIE  
7240 SW 41ST COURT  
DAVIE FL 33314

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	DELET
NAME	DELET
STREET ADDRESS	DELET
CITY-ST-ZIP	DELET
TITLE	DELET
NAME	DELET
STREET ADDRESS	DELET
CITY-ST-ZIP	DELET
TITLE	DELET
NAME	DELET
STREET ADDRESS	DELET
CITY-ST-ZIP	DELET
TITLE	DELET
NAME	DELET
STREET ADDRESS	DELET
CITY-ST-ZIP	DELET
TITLE	DELET
NAME	DELET
STREET ADDRESS	DELET
CITY-ST-ZIP	DELET

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME	Change	Addition
1.3 STREET ADDRESS	Change	Addition
1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	Change	Addition
2.2 NAME	Change	Addition
2.3 STREET ADDRESS	Change	Addition
2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	Change	Addition
3.2 NAME	Change	Addition
3.3 STREET ADDRESS	Change	Addition
3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	Change	Addition
4.2 NAME	Change	Addition
4.3 STREET ADDRESS	Change	Addition
4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	Change	Addition
5.2 NAME	Change	Addition
5.3 STREET ADDRESS	Change	Addition
5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	Change	Addition
6.2 NAME	Change	Addition
6.3 STREET ADDRESS	Change	Addition
6.4 CITY-ST-ZIP	Change	Addition

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 in an attachment with an address.

SIGNATURE

*[Signature]*

CR2E034 (5/98)

Rosemarie Nodarse

This is the 1st  
notice I received  
regarding enclosed  
Please find check enclosed  
for \$150.00.

Thank You

Rosemarie Nodarse  
7240 SW 41st  
Davie, FL 33314