


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: \$760).

<b>PROFIT</b> <input checked="" type="checkbox"/> <b>CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT #</b> P97000107016 (2) 1. Corporation Name RALPH ROSEN, P.A.	

Principal Place of Business <b>7531 Sugar Bend Dr. Orlando, FL 32819</b>	Mailing Address
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 717 E. Oak Street 27 Suite, Apt. #, etc. 28 City & State 29 Kissimmee, FL 30 Zip 31 Country
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9. Name and Address of Current Registered Agent <b>HARRY J. SWART, CPA 717 E. OAK STREET KISSIMMEE, FL 34744</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>R, S, T, D</b>
STREET ADDRESS	<b>Rosen, Ralph</b>
CITY - ST - ZIP	<b>7531 Sugar Bend Dr. Orlando, FL 32819</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>Swart, Harry J.</b>
CITY - ST - ZIP	<b>717 E. Oak Street Kissimmee, FL 34744</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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; 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.

SIGNATURE \_\_\_\_\_ **Harry J. Swart, Director**

**FILED**  
98 OCT -7 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/22/97	4. FEI Number 59-3483002
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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-10/09/98--01063--004  
\*\*\*\*150.00 \*\*\*\*150.00  
FS, 10/8 98AR  
(407) 847-7466

CR2E034 (5/98)



# SWART, BAUMRUK & TWOHIG, LLP

CERTIFIED PUBLIC ACCOUNTANTS ♦ BUSINESS DEVELOPMENT CONSULTANTS

HARRY J. SWART, CPA  
ANDY J. BAUMRUK, CPA  
KEVIN J. TWOHIG, CPA

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September 23, 1998

Division of Corporations  
Annual Report Division  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is the Annual Report of Ralph Rosen, P.A. and a check for \$150 for the annual fee.

The report is being filed late due to our client moving out of the country and we have been unable to contact him regarding the status of his corporation. As soon as contact was re-established, we immediately took the necessary steps to file the annual report.

The completed Annual Report form and a check in the amount of \$150.00 is enclosed and we request that the \$400 late filing fee be waived for the reason stated above.

Thank you for your cooperation in this matter.

Sincerely,

Swart, Baumruk & Twohig, LLP

Harry J. Swart, CPA

HJS:val

enclosures