FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90047 029 ***150.00

O	OCUMENT	#	P98000002724	
4	Corneration Name		. ~~~~~~~~~.	

ROS	EEL,	INC.
1100		

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Principal Place	e of Business	Mailing Address			1 1991(1911 10 10 10 10 10 10 10 10 10 10 10 10 1	. 49111 96313 49111 9	#110 11011 10010 1	1911 9191 1981
2701 HEATHER		2701 HEATHER PLACE					حدث وحديد	
SARASOTA FL	34235	SARASOTA FL 34235	-		DO NOT W	RITE IN THIS	SPACE	_
					3. Date Incorporated or Qualife 01/08/1998	ed , F		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-3489663		Apr	olied For
21		26	26				Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 A	
22		27	 .' 				Fee Red	
City & State	е	— ·	City & State			¹⁹ 🗆	\$5.00	
23	0	28	C	-4	Trust Fund Contribution		Added to	rees
Zip	Country 25	Zíp	Cour	iuy	This corporation owes the c Personal Property Tax.	urrent year inta		□No
24	9. Name and Address of Curre		0		10. Name and Address of Nev	Registered /		
	5. Haile Bire Freditosa di Galic	are register as regard		81 Name				
~ LAN	GDON ACCOUNTING & TAX SE	ERVICE, INC.		Lang	don Accounting a T		sice, I.	۸С,
2198	PRINCETON STREET		- 1	82 Street A	ddress (P.O. Box Number is Not Acce 5. Tam iam i Tro			
SUIT	E 12		}	83	0. jeun jeun ji	<u></u>		
SAR	ASOTA FL 34237	•						
**	_		- 1	84 City	unice	FL	85 Zip C	293
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statutes	the ab	ove-named o	orporation submits this statement for t			
office or n	egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida, Such change was aut	horized	by the corpor	orporation submits this statement for t ation's board of directors. I hereby ac	cept the appoin	itment as reg	istered
	A D S S S S S S S S S S S S S S S S S S	lations of Section 507.0505, Floric	ia Statu	iles.		7/14-10	9:9=	ا المستحد
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: R	registered	Agent signature rec	uired when reinstating)	DATE	÷4	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	D	☐ DELETE	1.1 ТП	LE			☐ Change	☐ Addition
NAME	walsh, rosalie		1.2 NA	ME	•			
STREET ADDRESS	2701 HEATHER PLACE		1.3 STI	REET ADDRESS				1
СЛY-ST-ZIP	SARASOTA FL 34235		1,4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	2.1 TIT	te		•	Change	☐ Addition
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 ST	REET ADDRESS				Į
CITY-ST-ZIP			2. 4 CF	TY-ST-ZIP				
TITLE ·		. DELETE	3.1 TIT	LE	•		Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 STI	REET ADDRESS				
CITY-ST-ZIP			_	TY-ST-ZIP				- Addition
TITLE		☐ DELETE	4.1 TIT	1	_		Change	☐ Addition
NAME			4. 2 NA		•		*	
STREET ADDRESS				REET ADDRESS	•			
CITY-ST-ZIP				Y-ST-ZIP			Change	Addition
TITLE		DELETE	5.1 TIT	I .			☐ Change	Addidon . بر
NAME			-5.2 NA		-			,
STREET ADDRESS				REET ADDRESS			` .	,
City-ST-ZIP			5.4 CIT 6.1 TIT	Y-ST-ZIP			Change	Addition
TITLE		☐ DELETE	6.2 NA					
NAME			1	REET ADORESS		,	`	
CTDCCT ADDDCCC	İ		■ 0.3 ⊃ ii					

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 like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: