

AMENDED ANNUAL CORPORATE REPORT 1999

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra D. McArthur
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL 22 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000002726

1. Corporation Name
DELROSE, INC.
16515 N.W. 27th Avenue
Miami, FL 33054

Principal Place of Business
16515 N.W. 27th Avenue
Miami, FL 33054

Mailing Address
same as principal place of business

2. Principal Place of Business
2a. Mailing Address

3. Date Incorporated or Chartered
3a. Date of Last Report

4. FEI Number
65-082-2655

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 has liability for intangible tax under s. 199.012, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
Delrose O. Eason
16515 N.W. 27th Avenue
Miami, FL 33054

10. Name and Address of New Registered Agent
Harry Gribkoff
16515 N.W. 27th Avenue
Miami, FL 33054

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0515, Florida Statutes.

SIGNATURE: *Harry Gribkoff* DATE: **7/14/1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	Pres., V.P., Sec'y, Treas., Dire	1.1 TITLE	Pres., V.P., Sec'y, Treasurer, Director
2. NAME	Delrose O. Eason	1.2 NAME	Harry Gribkoff
3. STREET ADDRESS	16515 N.W. 27th Ave.	1.3 STREET ADDRESS	16515 N.W. 27th Avenue, Miami, FL 33054
4. CITY-STATE-ZIP	Miami, FL 33054	1.4 CITY-STATE-ZIP	
5. TITLE		2.1 TITLE	
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	900002940589--2
8. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	-07/23/99--01094--014
9. TITLE		3.1 TITLE	**** 26.25 **** 26.25
10. NAME		3.2 NAME	900002940589--2
11. STREET ADDRESS		3.3 STREET ADDRESS	-07/23/99--01094--015
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	**** 35.00 **** 35.00
13. TITLE		4.1 TITLE	
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. TITLE		5.1 TITLE	
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. TITLE		6.1 TITLE	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.05(3)(b), Florida Statutes. I further certify that the information included 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. The name of the 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.

SIGNATURE: *Harry Gribkoff* DATE: **7/14/1999** (305) 621-5323

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SP