**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1999

## DOCUMENT # P98000019812

VIA ROSEMARY, INC.

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90047 002 \*\*\*150.00



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528A CLEMATIS	S ST	528A CLEMATIS ST WEST PALM BEACH FL 33401						•		
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401						DO NOT WRITE IN THIS SPACE				
						3. Date Incorpo	rated or Qualifed			
•						03/02/199	8			
2. Principal Place of Business 2a. Mailing Address				<b>~</b> 1 1		4. FEI Number	- 17 /1C		App	lied For
2015181	26 518 6anvan	Sanvan Blyd.			65-08	11/140	<u> </u>	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	3, Apt. #, etc.			5. Certificate of	Status Desired		\$8.75 A	
22		27				J. 00111102110 01			Fee Rec	quired
City & Stat	Palm Reach FL	28 West Pulm Reach			- -	6. Election Can Trust Fund C		Ô	\$5.00 to Added to	-
Zip	Zip	Country			8. This corporat	ion owes the curre	ent year Int		_ 1	
24 33401 25 29 3340L						Personal Pro	perty Tax.	.,.	Yes	□No
9. Name and Address of Current Registered Agent						10. Name and A	ddress of New R	egistered	Agent	
-			8	I Name		•				
CORNING, LAWRENCE				2 Street	Addre	ss (P.O. Box Numi	er is Not Accepta	ble)		
528A CLEMATIS ST			Our Our our radi							
WES	T PALM BEACH FL 33401		8	3						
•			84	City					85 Zip C	ode
								<u>FL</u>	<b>.</b>	
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.										registered jistered
SIGNATURE		MOTE See	intered Age	ent eignature	recordence to	when reinstating)		DATE	<del> </del>	<del></del> (
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	wit signature	- adamen		HANGES TO OFF		ND DIRECTOR	RS IN 12
TITLE	PSTD	DELETE	1,1 TITLE		PS	TIX			☐ Change	Addition
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STREET ADDRESS		]	6.3 STRE	ET ADDRESS	ļ					
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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.

**SIGNATURE:**