FILED

Mar 31, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000025579

1. Corporation Name

ROSE HALL CORPORATION

Principal Place	of Business	Ma	iling Addre	ess	-				it Bein gene	it abl et cer ette.	i iddia ibil iadi
17 ROSE DRIVE	•	17 (ROSE DRIV	Æ							
FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316								DO NOT MIDIT	 Tan thic	CDACE	•
								DO NOT WRIT 3. Date Incorporated or Qualifed	E IN THIS	SPACE	
								• · · · · · · · · · · · · · · · · · ·			-
			A 4 - 10' - A	d due				03/18/1998 4. FEI Number			pplied For
	ace of Business	├ ─3	Mailing A	aaress				65-0821191		- 	ot Applicable
21		26	Cuite And	# oto							Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired			equired
City & State		- 21	City & Sta	ate				6. Election Campaign Financing		\$5.00	May Be
23	,	28						Trust Fund Contribution			to Fees
Zip	Country		Zip		Countr	У		8. This corporation owes the curre	ent year Int	angible	
24	25	29		[:	30			Personal Property Tax.		K Yes	□No
	9. Name and Address of Curren	t Regist	tered Age	nt				10. Name and Address of New R	egistered	Agent	
					8	1	Name				
FEINERMAN, STANLEY S				8:	2	Street Addres	ss (P.O. Box Number is Not Accepta	ble)			
17 ROSE DRIVE											
FT LAUDERDALE FL 33316				8	3						
					8-	4	City			85 Zip	Code
						1	-		FL	<u>- </u>	1-4
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.										egistered	
SIGNATURE					2		signature required	- instation	DATE		
<u> </u>	Signature, typed or printed name of registered agen OFFICERS AN			(NOTE:)	13.	ent	signature required	ADDITIONS/CHANGES TO OFF		ND DIRECT	ORS IN 12
12.	D OFFICERS AIN	DINE		DELETE	1.1 TITLE	_		ADDITIONO/OF INTEREST	102,12	Change	Addition
į (FEINERMAN, STANLEY S		_	•	1.2 NAME						
NAME STREET ADDRESS	1640 NE 5 STREET						ADDRESS				
	FT LAUDERDALE FL 33301				1.4 CITY-						
CITY-ST-ZIP	D			DELETE	2.1 TITLE		-			☐ Change	☐ Addition
NAME	FEINERMAN, GLORETTE A			_	2.2 NAME						
STREET ADDRESS	1640 NE 5 STREET				2.3 STRE	ET A	ADORESS				ļ
CITY-ST-ZIP	FT LAUDERDALE FL 33301				2. 4 CITY						
TITLE	TT DRODE TE GOOGT			DELETE	3.1 TITLE				_	Change	☐ Addition
NAME					3.2 NAME	•					
STREET ADDRESS					3.3 STRE	ET/	ADORESS				
CITY-ST-ZIP				•	3.4. CITY	-ST	-ZIP				
TITLE			E	DELETE	4,1 TITLE					☐ Change	Addition
NAME					4. 2 NAM	E,					
STREET ADDRESS					4.3 STRE	E۲	ADDRESS				l
CITY-\$T-ZIP					4.4 CITY-	ST-	- ZIP				
TITLE			ī	DELETE	5.1 TITLE			•		☐ Change	Addition
NAME		-			5.2 NAME	=					
STREET ADDRESS	•				5.3 STRE	ET/	ADDRESS				Ì

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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

Addition