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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State. DIVISION OF CORPORATIONS

•	1999
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DOCUMENT # P98000058634 1. Carporation Name

Al & Ros Enterprises, Inc.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90149 029 ***150.00

* 4	9 3 2 1 493216 - 90149 - 29	ь	•

Applied For Not Applicable

85 Zip Code

ì			455246			
Principal Place of B	Business	Mailing Address				
206 S. State Street Bunnell, FL 32110	P:0: Box 2123 Bunnell, FL 32110	DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed June 29,1998			
2. Principal Place of	of Business	2a. Mailing Address	4. FEI Number	Applied For		
21		26	59-3527612	Not Applicab		
Suite, Apt. #, etc	D	Suite, Apt. #, etc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	. 6. Election.Campaign.Einancing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip Country	• This compretion cause the current year	Intendible		

30

9. Name and Address of Current Registered Agent Donald W. Duncan, P.A. 25-B Florida Park Drive Palm Coast, FL 32137

	Personal Property Tax.	☐ Yes	ĭ₹No		
	10. Name and Address of New Registe	ered Agent			
81	Name		- 		
	<u> </u>	 -			
82	82 Street Address (P.O. Box Number is Not Acceptable)				
83					
03					

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.

City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	tegistered Agent signature required v	when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	President-Director DELETE	1.1 TITLE	Cha	nge 🔲 Addition
NAME	Rosanne Sousa	1.2 NAME		
STREET ADDRESS	5 Cedarfield Court	1.3 STREET ADDRESS		
CITY-ST-ZIP	Palm Coast, FL 32137	1.4 CITY-ST-ZIP		
TITLE	Vice President-Director □ DELETE	2.1 TITLE	☐ Cha	nge 🔲 Addition
NAME	Jose Sousa	2.2 NAME		<i>z</i> *
STREET ADDRESS	5 Cedarfield Court	2.3 STREET ADDRESS		
CITY-ST-ZIP	Palm Coast, FL 32137	2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Cha	nge Addition.
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		;
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Cha	nge
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	51 TITLE	Cha	nge 🗌 Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		İ
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	Char	ige 🔲 Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		Į.
CITY-ST-ZIP		6.4 CITY- ST- ZIP		Į

14. I hereby certify that the information supplied with this filling 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!

CR2E034 (11/98)

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