

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00956 (0)

1. Corporation Name

ROSSI MARKETING, INC.



Principal Place of Business

123 N. ORCHARD ST.
SUITE 51B
ORMOND BCH FL 32174

Mailing Address

123 N. ORCHARD ST.
SUITE 51B
ORMOND BCH FL 32174

3. Date Incorporated or Qualified

09/18/1990

3a. Date of Last Report

06/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 242 NORTSHORE DR #A

City & State

23 ORMOND BEACH, FL 32176

Zip

24 32176

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27 242 NORTSHORE DR #A

City & State

28 ORMOND BEACH, FL

Zip

29 32176

Country

30 USA

4. FEI Number

59-3040597

Applied For

Not Applicable

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. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MONACO, HOOD & PERKINS, P.A.
444 SEABREEZE BLVD.
SUITE 900
DAYTONA BEACH FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(If the Registered Agent signature is required, please include)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROSSI, PEGGY J.
STREET ADDRESS 119 HORSESHOE TRAIL
CITY-ST-ZIP ORMOND BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

242 NORTSHORE DRIVE #A
ORMOND BEACH FL 32176

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Peggy J. Rossi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 904 676-0000
DATE DAYTIME PHONE #

CR2E034 (12/95)