


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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S12557 (2) 1. Corporation Name ROSE MIDDLETON, INC.			
Principal Place of Business 3400 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809		Mailing Address 3400 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32839-5800	
2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 11/08/1990		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3047518		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent JAMES HELMICH 3400 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32809		10. Name and Address of New Registered Agent 81 Name James Helmich 82 Street Address (P.O. Box Number is Not Acceptable) 3400 S. Orange Blossom Trail 83 84 City Orlando FL 85 Zip Code 32809	
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 <i>James Helmich</i> JAMES HELMICH <i>4/1/97</i> <small>Signature of person or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTSV <input checked="" type="checkbox"/> DELETE NAME MIDDLETON, GARY R STREET ADDRESS 848 MARLOWE AVE. CITY-ST-ZIP ORLANDO FL 32809	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> DELETE NAME MIDDLETON, GARY R STREET ADDRESS 848 MARLOWE AVE. CITY-ST-ZIP ORLANDO FL 32809	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P <input type="checkbox"/> DELETE NAME JAMES HELMICH STREET ADDRESS 1687 WATAUGA #301 CITY-ST-ZIP ORLANDO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P James Helmich <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1911 36th Street Orlando, FL 32839	
TITLE D <input type="checkbox"/> DELETE NAME MARCIA MIDDLETON STREET ADDRESS 3400 S. ORANGE BLOSSOM TRAIL CITY-ST-ZIP ORLANDO FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Marcia Middleton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3400 S. Orange Blossom Trail Orlando, FL 32809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do 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.			
SIGNATURE: <i>James Helmich</i> James Helmich <i>4/1/97</i> (407) 843-8168 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/96)