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Mar 20 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 # **S46846**

(9)

1. Corporation Name
ROSEWOOD A.C.L.F., INC.

Principal Place of Business

Mailing Address

**4231 DESOTO AVENUE
FORT MYERS FL 33905**

**4231 DESOTO AVENUE
FORT MYERS FL 33905-3811**



3. Date Incorporated or Qualified
04/22/1991

3a. Date of Last Report
04/16/1996

4. FEI Number
65-0248860

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GENTLES, IVAROSE
4231 DESOTO AVENUE
FORT MYERS FL 33905**

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 and familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature required for both current and new registered agents, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME **DPS GENTLES, IVAROSE** ☐ DELETE
12.2 STREET ADDRESS **4231 DESOTO AVE**
12.3 CITY-STATE-ZIP **FORT MYERS FL**
12.4 TITLE **DVT** ☐ DELETE
12.5 NAME **GENTLES, FELIX** ☐ DELETE
12.6 STREET ADDRESS **4231 DESOTO AVE**
12.7 CITY-STATE-ZIP **FORT MYERS FL**
12.8 TITLE ☐ DELETE
12.9 NAME ☐ DELETE
12.10 STREET ADDRESS ☐ DELETE
12.11 CITY-STATE-ZIP ☐ DELETE
12.12 NAME ☐ DELETE
12.13 STREET ADDRESS ☐ DELETE
12.14 CITY-STATE-ZIP ☐ DELETE

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME ☐ Change ☐ Addition
13.3 STREET ADDRESS ☐ Change ☐ Addition
13.4 CITY-STATE-ZIP ☐ Change ☐ Addition
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME ☐ Change ☐ Addition
13.7 STREET ADDRESS ☐ Change ☐ Addition
13.8 CITY-STATE-ZIP ☐ Change ☐ Addition
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME ☐ Change ☐ Addition
13.11 STREET ADDRESS ☐ Change ☐ Addition
13.12 CITY-STATE-ZIP ☐ Change ☐ 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: *Ivarose Gentles* **IVAROSE GENTLES** 3-13-97 941694466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)