

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

**FILED**  
**Apr 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # S71492 (0)**  
 1. Corporation Name  
**ROSENICH & SON, INC.**



Principal Place of Business <b>1141 VIA FORMIA PUNTA GORDA FL 33950</b>	Mailing Address <b>1141 VIA FORMIA PUNTA GORDA FL 33950-5879</b>
--	---

2. Principal Place of Business <b>21 705 Austin Court</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 705 Austin Court</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>08/07/1991</b>	3a. Date of Last Report <b>03/29/1996</b>
22 City & State <b>23 Marco Island, FL</b>	27 City & State <b>28 Marco Island, FL</b>	4. FEI Number <b>65-0293015</b>	Applied For <input type="checkbox"/> Not Applicable
24 Zip <b>34145</b>	25 Country <b>USA</b>	29 Zip <b>34145</b>	30 Country <b>USA</b>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**BOYLE, CHARLES T.**  
**115 WEST OLYMPIA AVENUE**  
**PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent  
**81 Name Dobcak, Peter**  
**82 Street Address (P.O. Box Number is Not Acceptable) 705 Austin Court**  
**83**  
**84 City Marco Island FL 85 Zip Code 34145**

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 *Peter Dobcak* **Peter DOBCKAK** DATE **3/27/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>VID</b>	<input type="checkbox"/> DELETE
NAME	<b>DOBCKAK, PETER</b>	
STREET ADDRESS	<b>1141 VIA FORMIA</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DOBCKAK, SILVIA</b>	
STREET ADDRESS	<b>1141 VIA FORMIA</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>705 Austin Court</b>
1.4 CITY-ST-ZIP	<b>Marco Island, FL 34145</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>705 Austin Court</b>
2.4 CITY-ST-ZIP	<b>Marco Island, FL 34145</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *Peter Dobcak* **Peter DOBCKAK** DATE **3/27/97** (REV.) 288 REV

CR2E034 (9/96)