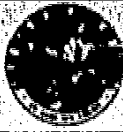


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **V12753**

(2)

95 MAY -1 AM 2:17

1. Corporation Name

ROSE RECORDS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2734 OLD US HWY. 441 W.
MOUNT DORA FL 32757
US**

Mailing Address

**2734 OLD US HWY. 441 W.
MOUNT DORA FL 32757
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/07/1992

3a. Date of Last Report
06/07/1994

4. FEI Number
65-0313691

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 taken the steps required by Chapter 2, 1993 F.S.,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

State Apt. # etc.

22

City & State

23

City

24

City

2a. Mailing Address

26

State Apt. # etc.

27

City & State

28

City

29

City

30

City

9. Name and Address of Current Registered Agent

**KELEM, LONNY
380 LAKE FRANKLIN DR.
MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.002 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 the provisions of Sections 607.002 and 607.1508, Florida Statutes.

SIGNATURE

Lonny Kelem

4-28-95

12. OF OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P

**KELEM, LONNY
2734 OLD US HWY. 441 W.
MOUNT DORA FL**

01 TITLE

02 NAME

03 STREET ADDRESS

04 CITY, ST, ZIP

☐ Change ☐ Addition

01 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

V

**KELEM, CHRISTINE
2734 OLD US HWY 441 W.
MOUNT DORA FL**

01 TITLE

02 NAME

03 STREET ADDRESS

04 CITY, ST, ZIP

☐ Change ☐ Addition

01 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

01 TITLE

02 NAME

03 STREET ADDRESS

04 CITY, ST, ZIP

☐ Change ☐ Addition

01 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

01 TITLE

02 NAME

03 STREET ADDRESS

04 CITY, ST, ZIP

☐ Change ☐ Addition

01 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

01 TITLE

02 NAME

03 STREET ADDRESS

04 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 135.01(2)(b), Florida Statutes. Further, I 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 207, Florida Statutes, and that my name appears in Block 1, of the filing, is handwritten on an attachment with an address.

SIGNATURE:

Christine Kelem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (904) 383 8100