

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

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V29818** (4)
1. Corporation Name
ROSEWOOD REALTY REFERRAL NETWORK, INC.



Principal Place of Business: **3165 McMullen Booth Road Bldg. 3, Suite B Clearwater FL 34621**
Mailing Address: **3165 McMullen Booth Road Bldg. 3, Suite B Clearwater FL 34621**

3. Date Incorporated or Qualified: **04/16/1992**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

4. FEI Number: **59-3119908**
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
**HARLAN, BRUCE M.
328 BELCHER ROAD NORTH
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent
81 Name: **JOYCE L. GERAS**
82 Street Address (P.O. Box Number is Not Acceptable): **3165 McMullen Booth Road Building 3**
83 Building 3
84 City: **Clearwater** FL 85 Zip Code: **34621**

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.
DATE: **4/27/96**

SIGNATURE: *Joyce L. Geras*
Signature typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent signature required when re-registering)
DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GERASIMOVICH, JOYCE L.	
STREET ADDRESS	3165 McMullen Booth Rd	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	AWAD, LYNN M.	
STREET ADDRESS	3165 McMullen Booth Rd	
CITY-ST-ZIP	CLEARWATER FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GERAS, JOYCE L. (see attached)	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VM	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAFFERTY, JANET L.	
2.3 STREET ADDRESS	3165 McMullen Booth Rd.	
2.4 CITY-ST-ZIP	Clearwater, FL 34621	
3.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	REDDY, PATRICIA J.	
3.3 STREET ADDRESS	3165 McMullen Booth Rd.	
3.4 CITY-ST-ZIP	Clearwater, FL 34621	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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: *Joyce L. Geras* DATE: **4/27/96** DAYTIME PHONE #: **(813) 791-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)