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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90176 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V29818

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2719 SR580 Suite, Apt. #, etc. 22 <u>Suite B</u> City & State 23 <u>Clearwater FL 33761</u> Zip Country 24 33761 25	2a. Mailing Address 26 2719 SR 580 Suite, Apt. #, etc. 27 <u>Suite B</u> City & State 28 <u>Clearwater, FL</u> Zip Country 29 33761 30	3. Date Incorporated or Qualified 04/16/1992	4. FEI Number 59-3119908	Applied For <input type="checkbox"/> 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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent JOYCE L. GERAS 3165 MCMULLEN BOOTH ROAD BUILDING 3 CLEARWATER FL 34621	10. Name and Address of New Registered Agent 81 Name Geras, Joyce L. 82 Street Address (P.O. Box Number is Not Acceptable) 2719 SR 580 83 84 City Clearwater FL 85 Zip Code 33761
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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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joyce L. Geras President DATE: 4/23/99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERAS, JOYCE L. 3165 MCMULLEN BOOTH RD CLEARWATER FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Geras, Joyce L. 2719 SR 580 Clearwater, FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM LAFFERTY, JANET L. 3165 MCMULLEN BOOTH RD CLEARWATER FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VM Lafferty, Janet L. 2719 SR 580 Clearwater, FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS REDDY, PATRICIA J. 3165 MCMULLEN BOOTH ROAD CLEARWATER FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TS Reddy, Patricia J. 2719 SR 580 Clearwater, FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: Joyce L. Geras President DATE: 4/23/99 727-791-8100
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)