

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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V33168** (8)
1. Corporation Name
ROSPO, INC.

Principal Place of Business 8 SOUTH ROAD N KEY LARGO FL 33037 US	Mailing Address 8 SOUTH ROAD N KEY LARGO FL 33037-3729 US
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2. Principal Place of Business 21 33 Cardinal Lane Suite, Apt. #, etc.		2a. Mailing Address 26 221 Ojibway Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/27/1992	3a. Date of Last Report 02/07/1996
22 City & State 23 Key Largo, FL Zip		27 City & State 28 Tavernier, FL Zip		4. FEI Number 65-0334329	Applied For Not Applicable
24 33037		29 33070		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
26 USA		31 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GAMMILL, WARREN P. 1101 BRICKELL AVENUE SUITE 1700 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/ VP/ S/ T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIAVONE, JEAN R.	1.2 NAME	
STREET ADDRESS	33 CARDINAL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. KEY LARGO FL	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTERCHRIST, HEIKO U	2.2 NAME	
STREET ADDRESS	311 LOCHVIEW TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIMONIUM MD	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIAVONE, RONALD A	3.2 NAME	
STREET ADDRESS	33 CARDINAL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N KEY LARGO FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTERCHRIST, PHYLLIS L	4.2 NAME	
STREET ADDRESS	8 SOUTH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	N KEY LARGO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **JEAN R. SCHIAVONE** **JEAN R. Schiavone** 4-1-97 305-367-4925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)