

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
95 JUL 11 AM 9: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V66931 (9)**  
1. Corporation Name  
**BUDDING ROSE OF SHARON INC.**

Principal Place of Business      Mailing Address  
**% KIM KROGEN**      **% KIM KROGEN**  
**4631 SW 129 AVENUE**      **4631 SW 129 AVENUE**  
**MIAMI FL 33175**      **MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/24/1992**      **07/22/1994**

4. FEI Number      Applied For  
**65-0359575**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing       \$5.00 May Be Added to Fees  
Trust Fund Contribution

7. This corporation has liability for intangible tax under C. 109.002, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
**8520 NW 179<sup>th</sup> ST.**      **8520 NW 179<sup>th</sup> ST.**

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State  
**MIAMI FLA**      **MIAMI FLA**

23 Zip      28 Zip      29 Country      30 Country  
**33015 USA**      **33018 USA**

9. Name and Address of Current Registered Agent  
**KROGEN, KIM**  
**4631 SW 129 AVENUE**  
**MIAMI FL 33175**

10. Name and Address of New Registered Agent  
81 Name **KROGEN, KIM**  
82 Street Address (P.O. Box Number is Not Acceptable) **8520 NW 179<sup>th</sup> ST.**  
83 City **MIAMI**      84 State **FL**      85 Zip Code **33015**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable      (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROGEN, KIM</b>	1.2 NAME	
STREET ADDRESS	<b>4631 SW 129 AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROGEN, LUKE JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>4631 SOUTHWEST 129 AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOZSA, JOHN E</b>	3.2 NAME	
STREET ADDRESS	<b>17310 NW 81ST AVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **KIM KROGEN, PRES**      Date: **7/1/95**      (305) **824-0129**