

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V66931** (9)

1. Corporation Name  
**BUDDING ROSE OF SHARON INC.**



Principal Place of Business

8520 NW 179TH ST  
~~4631 SW 129 AVENUE~~ X  
MIAMI FL 33015  
US

Mailing Address

8520 NW 179TH ST  
~~4631 SW 129 AVENUE~~ X  
MIAMI FL 33015  
US

3. Date Incorporated or Qualified  
**09/24/1992**

3a. Date of Last Report  
**07/11/1995**

2. Principal Place of Business

21 **10054 GRIFFIN Rd.**

2a. Mailing Address

26 **8520 NW 179th ST.**

4. FEI Number  
**65-0359575**

Applied For  
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

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

City & State

23 **Cooper City, FL.**

City & State

27 **MIAMI FLA**

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

Zip

Country

24 **33015**

25 **Broward**

Zip

Country

29 **33015**

30 **DADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**KROGEN, KIM**  
**8520 NW 179TH ST**  
**MIAMI FL 33015**

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

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

Signature of Registered Agent (if not registered with this reporting office)

Signature of Registered Agent (if not registered with this reporting office)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KROGEN, KIM</b>	
STREET ADDRESS	<b>4631 SW 129 AVENUE</b> →	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KROGEN, LUKE JAMES</b>	
STREET ADDRESS	<b>4631 SOUTHWEST 129 AVENUE</b> →	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>JOZSA, JOHN E</b>	
STREET ADDRESS	<b>17310 NW 81ST AVE</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>8520 NW 179th ST</b>
1.4 CITY-STATE-ZIP	<b>MIA FL 33015</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>8520 NW 179th ST.</b>
2.4 CITY-STATE-ZIP	<b>MIA FL 33015</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Secretary</b>
4.3 STREET ADDRESS	<b>KROGEN, DAVID KURT</b>
4.4 CITY-STATE-ZIP	<b>8520 NW 179th ST.</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KIM KROGEN PRES**

**2/10/96** (305) 827-0044 (954) 680-9088

CR2E034 (12/95)