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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 256279 (1)

1. Corporation Name
RO-LEN LAKE GARDENS "B" CORPORATION

Principal Place of Business
714 S W 11TH AVE
HALLANDALE FL 33009

Mailing Address
714 S W 11TH AVE
HALLANDALE FL 33009-6755



3. Date Incorporated or Qualified 02/22/1962
3a. Date of Last Report 04/11/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0966885		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

FRASCIELLO, DOROTHY
820 SW 11 AVE - APT. B8
HALLANDALE FL 33009

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEMELARO, RUTH	1.2 NAME	
STREET ADDRESS	820 SW 11 AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLIFA, JOSEPH	2.2 NAME	
STREET ADDRESS	820 SW 11 AVENUE #11	2.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Addition
NAME	FRASCIELLO, DOROTHY	3.2 NAME	
STREET ADDRESS	820 SW 11 AVE B8	3.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWER, ROSE	4.2 NAME	
STREET ADDRESS	820 SW 11 AVE #7	4.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERENDA, BILL	5.2 NAME	
STREET ADDRESS	820 S.W. 11TH AVENUE #12	5.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLIFA, ANN	6.2 NAME	
STREET ADDRESS	800 SW 11 AVENUE #11	6.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	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 at the recorder or this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report on an attachment with an address.

SIGNATURE: *William J. Merenda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/20/97 Daytime Phone: #

CR2E034 (9/96)