

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90048 035 ***150.00

DOCUMENT # 256279

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1962

4. FEI Number

59-0966885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LOBALO, ANNA
STREET ADDRESS 820 SW 11 AVE B 17
CITY-ST-ZIP HALLANDALE FL

TITLE ~~PO~~ ☐ DELETE
NAME GULLIFA, JOSEPH
STREET ADDRESS 820 SW 11 AVENUE #11
CITY-ST-ZIP HALLANDALE FL

TITLE ~~PO~~ ☐ DELETE
NAME FRASCIELLO, DOROTHY
STREET ADDRESS 820 SW 11 AVE B8
CITY-ST-ZIP HALLANDALE FL

TITLE ~~PO~~ ☐ DELETE
NAME MERENDA, BILL
STREET ADDRESS 820 S.W. 11TH AVENUE #12
CITY-ST-ZIP HALLANDALE FL

TITLE D ☐ DELETE
NAME GUILLIFA, ANN
STREET ADDRESS 800 SW 11 AVENUE #11
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES/D ☒ Change ☐ Addition
1.2 NAME LAURENT BOURQUE
1.3 STREET ADDRESS 820 S.W. 11 AVE - B-19
1.4 CITY-ST-ZIP HALLANDALE, FL

2.1 TITLE ~~PO~~ ☐ Change ☐ Addition
2.2 NAME B.J. GOMELLARO
2.3 STREET ADDRESS 820 S.W. 11 AVE - B-20
2.4 CITY-ST-ZIP HALLANDALE, FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: LAURENT BOURQUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99 954 554305

CR2E034 (11/98)